

OCA Use Only:
 Date Changed: _____ Initials: _____



**STATE OF NEW YORK
 UNIFIED COURT SYSTEM
 OFFICE OF COURT ADMINISTRATION
 DIVISION OF HUMAN RESOURCES
 COURT OFFICER STAFFING & SECURITY SERVICES
 APPLICANT VERIFICATION UNIT
 25 Beaver Street, 10th Floor
 New York, New York 10004
 Phone 212-428-2777
 Fax 212-428-2778
avu@nycourts.gov**



**NYS Court Officer-Trainee Applicant
 Change of: Name – Marital Status – Address – Phone Number**

Please print or type

Last Name	First Name/Middle Initial
Social Security #	Rank #

Change of Name:

Last Name	First Name/Middle Initial
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Change of Marital Status: (Submit proof: Marriage Certificate/Divorce Decree)

Change to:

- Married
 Common-law
 Divorced
 Widowed
 Married, living separate and apart or legally separated

Change of Address: **Change of Phone #:** _____

New Residence Address			
City	State	Zip Code	County
Mailing Address- if different from above			
City	State	Zip Code	County

X

 Candidate's Signature

 Date