

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented Petitioner

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Application of:
(*Your Current Name*)

For Change of Name.

CASE NO.: _____
DEPT: _____

PETITION FOR CHANGE OF NAME

Petitioner (*your current name*) _____, respectfully states as follows:

1. Petitioner was born on (*date of birth*) _____ in (*city*) _____,
(*state*) _____.
2. Petitioner has resided in (*county*) _____ County, Nevada since (*date*) _____.
3. Petitioner's current name is (*your current first, middle, and last name*):
_____. Petitioner wishes to take a
different name. The new name Petitioner would like to take is (*print the new first,
middle, and last name you would like*) _____.
4. Petitioner wishes to assume the new name because (*explain why you want to change your
name*) _____

5. Petitioner (*check one*) has / has not been convicted of a felony. If Petitioner has been convicted of a felony, each offense, the date of conviction, and the county and state of conviction are as follows: *(list all felony convictions, including the offense, date of conviction, and the county/state)*:

6. Petitioner is not requesting this name change to defraud creditors or for some other fraudulent reason.

WHEREFORE, Petitioner prays that the court will enter an order changing Petitioner's name to *(print the new name you want to assume)* _____ and for such other relief as the Court finds to be just and proper.

DATED this *(day)* _____ day of *(month)* _____, 20____.

Submitted By: *(your signature)* ▶ _____
(print your name) _____

VERIFICATION

Under penalty of perjury, I declare that I am the Petitioner in the above-entitled action; that I have read the foregoing Petition and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this *(day)* _____ day of *(month)* _____, 20____.

Submitted By: *(your signature)* ▶ _____
(print your name) _____

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented Petitioner

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Application of:
(*Your Current Name*)

For Change of Name.

CASE NO.: _____
DEPT: _____

NOTICE OF PETITION FOR CHANGE OF NAME

NOTICE IS HEREBY GIVEN that a petition has been filed in the above-entitled Court requesting that the Court legally change Petitioner's name from (*your current first, middle, and last name*) _____ to (*your new first, middle, and last name*) _____.

NOTICE IS FURTHER GIVEN that any person objecting to the changing of Petitioner's name as noted above shall file written objection with the above-entitled Court within 10 days after the date of the last publication of this Notice.

DATED this (*day*) _____ day of (*month*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your name*) _____

CIVIL (FAMILY/JUVENILE-RELATED) COVER SHEET

County, Nevada

Case No. _____
(Assigned by Clerk's Office)

I. Party Information (provide both home and mailing addresses if different)

Plaintiff/Petitioner (name/address/phone): 	Defendant/Respondent/Co-petitioner (name/address/phone):
D.O.B.:	D.O.B.:
E-mail address:	E-mail address:
Attorney (name/address/phone):	Attorney (name/address/phone):
Law Firm/Bar #	Law Firm/Bar #
E-mail address:	E-mail address:
Will an Interpreter be required for court hearings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language will need to be interpreted? _____	Will an Interpreter be required for court hearings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language will need to be interpreted? _____

Contact court clerk for further information about interpreters

II. Nature of Controversy (Please check the most appropriate case type listed below)

Family-Juvenile Related Cases

Domestic Relations Case Filing Types	Other Family Related Case Filing Types
<p>Marriage Dissolution Case</p> <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce - With Children <input type="checkbox"/> Divorce - Without Children <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition - With Children <input type="checkbox"/> Joint Petition - Without Children <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Paternity <input type="checkbox"/> Custody (Non-Divorce)	<input type="checkbox"/> Request for Temporary Dom. Viol. Protective Order <input type="checkbox"/> Request for Dom. Viol. Extended Temporary Protective Order <input type="checkbox"/> Request for High Risk Protective Order <input type="checkbox"/> Request for Extended High Risk Protective Order <p>Other Domestic Relation Case Filings</p> <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Other Domestic Relation Filings <input type="checkbox"/> Mental Health (e.g., Involuntary Commitment)
<p>Support (Non-Divorce)</p> <input type="checkbox"/> IV-D UIFSA <input type="checkbox"/> Intrastate (Title IV-D) <input type="checkbox"/> Other Support (Non-Title IV-D) <input type="checkbox"/> Visitation (Non-Divorce)	<p align="center">Guardianship Case Filing Types</p> <input type="checkbox"/> Guardianship of an Adult <input type="checkbox"/> Guardianship of a Minor <input type="checkbox"/> Guardianship Trust <p>Estimated Estate Value: _____</p>
<p>Termination of Parental Rights (TPR)</p> <input type="checkbox"/> State-Initiated TPR Petition (District Attorney filing only) <input type="checkbox"/> Other TPR Petition (Private Request)	<p align="center">Juvenile-Related Case Filing Types</p> <input type="checkbox"/> Delinquency Petition (select charge type below) <input type="checkbox"/> Person <input type="checkbox"/> Property <input type="checkbox"/> Drug <input type="checkbox"/> Public Order <input type="checkbox"/> Other <input type="checkbox"/> Status Petition <input type="checkbox"/> Dependency Petition <input type="checkbox"/> Child Abuse/Neglect Petition <input type="checkbox"/> Dependent (No Fault) <input type="checkbox"/> Other Dependency/Child Victim <input type="checkbox"/> Miscellaneous Juvenile Petition <input type="checkbox"/> Emancipation Petition
<p>Adoptions</p> <input type="checkbox"/> Adult <input type="checkbox"/> Minor	

Children involved in this case:

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

Date

Signature of initiating party or representative

*For Clark and Washoe Counties, please use their Family Court Cover Sheet for family-related case filings.
Please see the Family Court Clerk in those counties for copies of their forms.*