

Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves.

1. What is the name of the County where you will be filing these forms?

2. What is your full name?

3. If you have used the Attorney General Confidential address in any related cases, select "X": _____
OR
4. What is your mailing address?

5. What is the town, state, and ZIP Code for your mailing address?

6. What is your email address?

7. What is your telephone number, with area code? _____
8. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? _____
9. What is the current full name of the minor?

10. What is the full name you would like to change the minor's name to?

11. What is the minor's mailing address?

12. What is the town, state, and ZIP Code for the minor's mailing address?

13. If the minor's street address where he/she lives is a different address from his/her mailing address, what is the minor's street address?

14. What is the town, state, and ZIP Code for the minor's street address?

15. What is the minor's date of birth? _____

16. What is the minor's Indiana driver's license number or Indiana identification number?

17. Please list all of the minor's previous names.

18. If the minor has a valid passport, select "does"; if the minor does not have a valid passport, select "does not". _____

19. If the minor has a valid passport, type "passport"; if the minor does not have a valid passport, what document do you have as proof that he/she is a U. S. citizen? (Certified birth certificate, Consular report of birth abroad or certification of birth, naturalization certificate, certificate of citizenship, or secondary documents. For a list of secondary documents, please visit http://travel.state.gov/passport/get/first/first_4315.html)

20. List the judgments of felony convictions under the laws of any state or the United States that have been entered against the minor. **If the minor has had a felony conviction within ten (10) years, you must provide notice of the filing of this Petition for Name Change to: (1) the sheriff of the county in which the minor resides; (2) the prosecuting attorney of the county in which the minor resides; and (3) the Indiana central repository for criminal history information. The notice given to the Indiana central repository for criminal history information must include the minor's full current name, requested name change, date of birth, address, physical description, and a full set of classifiable fingerprints. Failure to provide notice at least 30 days prior to the hearing on this Petition is a Class A Misdemeanor.**

21. Why do you want to change the minor's name?

22. What is the name of the minor's other parent (with whom you do not know their whereabouts)?

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. You may also save a copy of this packet if you need to obtain more information before answering the questions.

PLEASE NOTE: The court will set a hearing date when you file your Petition. Make sure this date is filled in on the Notice of Petition for Change of Name. You will need to take this Notice to the person who handles legal notices in your local newspaper. This Notice must appear once a week for three weeks. The last publication must be at least 30 days before the hearing. The newspaper will then send a proof of publication notice to you, which you will attach to the Notice of Filing Proof of Publication and then file these forms with the court.

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
)
)
)
)
Petitioner.)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) X ;
Responding (answering or defending) _____; or
Intervening _____;

in this case on behalf of a minor.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes X No

6. There are related cases: Yes _____ No X (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

9. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the child, or I have stated immediately below that the child does not have any felony convictions:

10. That changing the child's name is not an effort to defraud any of the child's creditors.

11. That notice of the request for name change has been published in a local publication as required by law and will be brought to the Change of Name Hearing.

12. That the child is not confined to a Department of correction facility or a sex or violent offender who is required to register under I.C. 11-8-8.

13. That pursuant to Indiana Code 34-28-2-1, I petition this court to change the child's name. Pursuant to Indiana Code 34-28-2-2 (b), the reason the change of the child's name is requested is:

14. That I request that the child's name be changed to _____.

15. I request this Court to set a hearing to consider the Petition for Change of Name of Minor Child .

WHEREFORE, I respectfully request that this Court grant this Petition for Name Change of a Minor, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

Signature (Parent) (Guardian)

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing party on

Signature

6. The attached notice has been verified by the affidavit of a disinterested person.
7. More than thirty (30) days have passed since the final required publication of notice.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

Signature

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
)
)
)
)
Petitioner.)

NOTICE OF HEARING

Notice is hereby given that Petitioner _____, pro se, filed a Verified Petition for Change of Name of Minor to change the name of minor child from _____ to _____.

The petition is scheduled for hearing in the _____ Circuit Court on _____, 20____, at _____ o'clock ____ .m., which is more than thirty (30) days after the third notice of publication. Any person has the right to appear at the hearing and to file written objections on or before the hearing date. The parties shall report to _____.

Date

Clerk of _____ Circuit Court

Distribution:

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
)
)
)
)
Petitioner.)

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME OF MINOR

Comes now the Court, having reviewed the Verified Petition for Change of Name of Minor and the Notice of Filing Proof of Publication, now finds as follows:

1. The Minor Child's current name is _____.
2. The Minor Child resides at: _____

3. The Minor Child's date of birth is _____.
4. The Minor Child has not been convicted of a felony within the last ten (10) years.
5. The Petitioner wishes to change the Minor Child's name to:
_____.

6. This Order is in accordance with the best interest of the Minor Child as guided by IC 31-17-2-8.

WHEREFORE, IT IS ORDERED that Petitioner's Petition for Change of Name of Minor is **GRANTED**, and Minor's name is hereby changed to _____.

Date Judge, Circuit Court

Distribution: