

Checklist

Name Change of Adult

Filing Fees

Court Costs: \$100.00 (Payable by cash, check or money order. Credit cards NOT accepted.)

Requirements

You may apply for a name change **only** if you have been a Lucas County Resident for the past 60 days.

The Process

The documents listed below must be prepared by the applicant or an attorney, and submitted to the Court for filing, along with the filing fee. Once the documents have been approved for filing by the Court, the Court will review the filing for approval.

The Court reserves the right to require additional documentation be submitted to support the applicant's name change or hold a formal hearing on the application. A criminal background check is required.

Note: *Note: All paperwork including the Judgment Entry must be typed and single-sided. We will not accept handwritten documents. Please do not staple original paperwork. You must list the individual's full name on all paperwork (first, middle and last). No initials may be used.*

Initial Filing

- New Case Information Sheet
- Application for Change of Name of Adult (Form 21.0)
- Photocopy of Birth Certificate
- Photocopy of Driver's License or State ID (driver's license number, issuance date and expiration date must be redacted)
- Affidavit in Support of Application for Change of Name of Adult (Form 21.01)
 - This must be notarized by a Notary Public before being submitted for filing
- Judgment Entry Changing Name of Adult (Form 21.1)
- Release of Record Check on Applicant (RRCPPF)

If Requesting the Name Change to be Confidential:

The law requires very specific criteria be met in order for someone to qualify for a confidential name change. The applicant must provide proof that it would jeopardize the applicant's personal safety to have the name change on the public record. Please refer to Ohio Revised Code section 2717.11 to determine if you meet the requirements.

In addition to the forms required for *initial filing* above, the documents listed below must also be submitted, along with any required attachments. The Judge will review all of the documents and make a determination as to whether it qualifies as a confidential name change. If so, the Court will contact the applicant or attorney to set a hearing, if determined necessary.

- Motion for Confidentiality of Proceeding (Form 21.6)
- Order Granting Confidentiality of Proceeding (Form 21.06)

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF: _____

CASE NO. _____

NEW CASE INFORMATION STATEMENT

ATTORNEY OF RECORD TO COMPLETE THE FOLLOWING SECTION

THE UNDERSIGNED CERTIFIES THAT THIS CASE IS, IS NOT RELATED TO ANY CASE NOW PENDING IN ANY JUDICIAL SYSTEM.

CASE NUMBER OF RELATED CASE _____

DESCRIPTION AND JURISDICTION OF RELATED CASE _____

PLEASE CHECK ONE OF THE FOLLOWING:

- CORRECTION/REGISTRATION OF BIRTH DISINTERMENT TRUSTS MINOR SETTLEMENT
 NAME CHANGE
 OTHER _____

STATEMENT OF PERMANENT ADDRESS

The following address is my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.

Signature, Attorney of Record

Signature, Applicant

Print Attorney Name

Print Applicant Name

Address

Address

()
Phone Number

()
Phone Number

Ohio Supreme Court ID Number

Ohio Supreme Court ID Number

E-Mail Address

E-Mail Address

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present Name)
TO _____
(Requested Name)
CASE NO. _____

**APPLICATION FOR CHANGE OF NAME OF ADULT
[R.C. 2717.02 and 2717.03]**

Applicant is an adult and has been a bona fide resident of _____ County, Ohio, for at least 60 days immediately prior to the filing of this application.

Applicant requests a change of name from _____
First Middle Last

to _____
First Middle Last

for the following reason: _____

_____.

An affidavit in support of this Application is attached.

Attorney for Applicant

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)

TO _____
(Requested Name)

CASE NO. _____

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF ADULT
[R.C. 2717.06]**

State of Ohio }
County of _____ } SS

The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and verifies the following:

Check all that apply:

- Applicant has been a bona fide resident of _____, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
- The Application is not made for the purpose of evading any creditors or other obligations;
- Applicant is not a debtor in any currently pending bankruptcy proceeding;
- Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
- Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim-oriented offense;

Any other information relevant to the Application _____

All documentary evidence submitted with the Application is true, accurate, and complete.

Applicant

Sworn to before me and subscribed in my presence the _____ day of _____

Notary Public/Deputy Clerk

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

RELEASE FOR CRIMINAL BACKGROUND CHECK

I understand that, as a result of making an application to change or conform my name, I am hereby authorizing and requesting the Probate Court, its agents, and its authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law-enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED _____

Printed Name

Signature

RECORD CHECK
INFORMATION SHEET

Name: _____

Address:

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____