

## **ADULT NAME CHANGE APPLICATION INFORMATION**

BUSINESS IN THE COURT SHALL BE CONDUCTED ON A CASH BASIS; NO COURT COST CAN BE REFUNDED.

Please review the packet of documents you have received from the clerk. The clerk is not an attorney and cannot answer questions about your name change. You must be a resident of Lake County for at least one continuous year before you file your application. If you have not lived in Lake County for at least one year, your application will be dismissed and your filing fees will not be refunded.

The papers you file must be **typed**. Illegible documents will be refused for filing. All names must be complete. Use middle names instead of middle initials. Incorrect spellings may result in additional cost to you as well as a delay in the change of name.

NOTE: APPLICANT MUST ATTEND HEARING

Checks should be made out to: Lake County Probate Court  
Filing fee is \$105.00

If you have questions please call 440-350-2629

# PROBATE COURT OF LAKE COUNTY, OHIO

**MARK J. BARTOLOTTA, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_

**TO** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

## APPLICATION FOR CHANGE OF NAME OF ADULT

The applicant states that the applicant is an adult and has been a bona fide resident of \_\_\_\_\_ County, Ohio, for at least one year immediately prior to the filing of this application.

The applicant requests a change of name from \_\_\_\_\_

to \_\_\_\_\_

for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

the applicant states that the applicant will cause notice of the application to be published once in a newspaper of general circulation in the county at least thirty (30) days before the hearing on the application.

The applicant states that the applicant

- 1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud  
Initial
- 2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense of a child-victim oriented offense.  
Initial

\_\_\_\_\_  
Attorney for applicant

\_\_\_\_\_  
Typed or printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number ( include area code )

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number ( include area code )

CASE NO. \_\_\_\_\_

## JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE

The court orders this application set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.m. The applicant is ordered to cause notice of the application to be given by one publication in a newspaper of general circulation in this county at least thirty (30) days prior to the hearing date as required by law.

\_\_\_\_\_  
Probate Judge

By:

\_\_\_\_\_  
Deputy Clerk

