

# 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 440-350-2833

**MARK J. BARTOLOTTA, JUDGE  
PROBATE COURT OF LAKE COUNTY, OHIO**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)

**To** \_\_\_\_\_  
(Name Requested)

**Case No.** \_\_\_\_\_

**APPLICATION FOR CHANGE OF NAME OF ADULT  
[R.C. 2717.01]**

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 this county at least thirty days before the hearing on this application.

\_\_\_\_\_  
Attorney for Applicant

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

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

**JUDGEMENT 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

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

**The applicant, being duly sworn, states the following:**

- A "habitual sex offender" includes any person who is convicted two or more times, in separate criminal actions, for commission of any of the sex offenses set forth in division (B) of this section. Convictions which results from or are connected with the same act, or result from offenses committed at the same time, shall be counted for the purpose of this section as one conviction. Any conviction set aside pursuant to law, is not a conviction for other purposes of this section.

4. Applicant's birth name is \_\_\_\_\_

5. Applicant was born on \_\_\_\_\_ in \_\_\_\_\_ (City)  
\_\_\_\_\_, \_\_\_\_\_ (State), \_\_\_\_\_ (County).

(Applicant)

Sworn to before me, and signed in my presence, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public/Deputy Clerk