## **CHECKLIST- NAME CHANGE OF A MINOR**

## (Disclaimer: This checklist is intended as a guideline <u>only</u> and is subject to modification by the Court at any time)

#### INITIAL DEPOSIT DUE AT TIME OF FILING (Cash / Check / Money Order Only):

## \$105.00

\$117.40 (If restricted mail is required)

Publication Fee: This is determined by the newspaper and applicant pays the newspaper directly.

## **REQUIREMENTS:**

You may apply for a name change on behalf of a minor, **only** if the minor is a Lake County resident and has been a Lake County resident for the past 12 months (see R.C. 2717.01).

\*\*Both applicant and minor must attend the hearing.

## THE PROCESS:

The documents listed below must be prepared by the applicant or his/her attorney, and brought into the court or mailed to the court for filing, along with the filing fee. Once the documents have been approved for filing by the court, the court will set a hearing approximately 6 weeks from the date of filing and generate a Notice of Publication. The Court will provide the applicant the hearing notice and the publication notice by mail.

It is then the Applicant's responsibility to take the Notice of Publication to the News-Herald, and have the Notice published one time, at least 30 days prior to the hearing. You are to provide the proof of publication to the Court the day of your scheduled hearing.

## Note: All paperwork should be typed, single sided, and please do not staple originals. All documents being filed must have original signature.

## INITIAL FILING:

- □ A photo copy of the child's birth certificate
- □ Application for Change of Name of Minor (Form 21.2)
- □ Consent to Change of Name (Form 21.4) *If applicable* 
  - Any natural parent who is not the applicant, must either sign a consent or be served by the court with a notice of the hearing.
  - If a parent is deceased, a photocopy of that parent's death certificate must be provided.
  - If a parent's whereabouts are unknown, see Affidavit below.

## □ Affidavit of Unknown Residence *If applicable*

• If the whereabouts of a parent, or both parents are unknown, then this Affidavit must accompany the filing.

## IF REQUESTING WAIVER OF PUBLICATION: Additional \$5.00 Filing Fee

The document listed below must also be submitted. The Court will then set a hearing on the Application to Waive Publication. Please refer to R.C 2717.01(A) (4) to determine if you meet the requirements.

Application to Waive Publication Requirement and Seal File (Form 21.6)

Lake County Court of Common Pleas Division of Probate Judge Mark J. Bartolotta



Lake County Courthouse, West Annex 25 North Park Place, P.O Box 490 Painesville, Ohio 44077 440-350-2626 www.lakecountyohio.gov/probatelco

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

(Present Name)

TO\_

(Name Requested)

CASE NO.

#### SELF-REPRESENTATION ACKNOWLEDGMENT

I acknowledge that I have read, understand and agree with all of the following statements:

- 1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
- 2. I have the time, knowledge, and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
- 3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case including, without limitation, determining what forms I am required to file and how to complete those forms.
- 4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website, <u>www.lakecountyohio.gov/probatelco</u>
- 5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Lake County Probate Court Local Rules of Practice, and all other rules, regulations, policies, and case law that relate to this case.
- 6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
- 7. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
- 8. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
- 9. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

Applicant		
Typed or Printed Na	me	
Address		
City	State	Zip
Telephone Number (	include area code)	
Email Address		

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

(Present Name)

TO (Name Requested) CASE NO.

## APPLICATION FOR CHANGE OF NAME OF MINOR

[R.C. 2717.01]

The applicant states that the applicant is the  $\Box$  parent  $\Box$  legal guardian  $\Box$  guardian ad litem of the minor and that the minor has been a bona fide resident of \_\_\_\_\_\_ County, Ohio, for at least one year immediately prior to the filing of this application.

A certified copy of the minor's birth certificate is attached.

□ The applicant states that the name and address of Parent 1 of the minor is:

Name	
Address	
City	Zip

And the name and address of A arent 2 or A alleged father for the Aninor is:

Name	
Address	
City	Zip

Applicant states that the address of A Parent A A Parent 2 A or alleged A ather As unknown and cannot with reasonable diligence be ascertained.

 $\Box$  There is no person alleged to be the father of the minor.

The applicant states that the person for whom a change of name is being requested

1)	has has not been convicted of, pleaded guilty to, or been adjudicated a
Initials	delinquent child for identity fraud.

2) \_\_\_\_\_ has a has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was convicted of, pled guilty to, or was adjudicated a delinguent child for having Initials committed a sexually oriented offense or a child-victim oriented offense.

	CASE NO
The applicant requests a change of name of the minor from	I
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 (30) days before the hearing on this application. In addition, notice will be given by the applicant to any non-consenting parent or alleged parent, whose addresses are known, by certified mail, return receipt requested.

Attorney for Ap	oplicant		Applicant's Sig	gnature	
Typed or Print	ed Name		Typed or Print	ed Name	
Address			Address		
City	State	Zip	City	State	Zip
Telephone Number (include area code)		Telephone Nu	mber (include area c	ode)	
Attorney Regis	stration No.				

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

TO\_\_\_\_\_(Name Requested)

CASE NO.

## CONSENT TO CHANGE OF NAME

The undersigned

[check one of the following 2 capacities by which your consent is given]

□ Parent

□ Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of name of

to \_\_\_\_\_

as proposed in the Application.

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

Deputy Clerk/Notary Public

IN RE: \_\_\_\_\_

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

## **AFFIDAVIT OF UNKNOWN RESIDENCE**

	, being first duly sworn according to
(applicant or applicants)	
law, deposes and says that the residence of	, the natural parent of
	(natural parent)
	, is unknown and cannot be ascertained with
(name of minor)	

reasonable diligence, even though I have exercised same.

(applicant)

(applicant)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_, 20\_\_\_\_.

Deputy Clerk