INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

STATE OF INDIANA) IN THE PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS CIRCUIT COURT
) SS:
COUNTY OF PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS) CASE NO. LEAVE BLANK, THE CLERK WILL FILL IN

IN RE THE NAME CHANGE OF:)
)
PRINT YOUR CURRENT FULL NAME. YOU ARE THE PETITIONER IN YOUR CHANGE OF NAME CASE.)
)
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: PRINT YOUR CURRENT FULL NAME and I am

   Initiating (filing)___X___;
   Responding (answering or defending)_____; or
   Intervening ____;

in this case and am representing myself.

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: PRINT YOUR FULL MAILING ADDRESS,
   TOWN, STATE AND ZIP CODE
   Email Address: PRINT YOUR EMAIL ADDRESS
   Phone: PRINT YOUR PHONE NUMBER
   FAX: PRINT YOUR FAX NUMBER

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

IF YOU USE A CONFIDENTIAL ADDRESS THROUGH THE OFFICE OF THE ATTORNEY GENERAL, CHECK HERE

____ 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 LEAVE BLANK 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 IF YOU HAVE A FAX NUMBER WHERE YOU WANT TO RECEIVE COURT PAPERS, PRINT IT HERE

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:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES

SIGN YOUR NAME

Self-Represented Party

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

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

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

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

VERIFIED PETITION FOR CHANGE OF NAME

Petitioner, PRINT YOUR CURRENT FULL NAME, pro se, respectfully petitions this court to change his/her name. In support of this Petition, Petitioner states as follows:

1. That my current name is: PRINT YOUR CURRENT FULL NAME.

2. That my date of birth is: PRINT YOUR DATE OF BIRTH.

3. That my Indiana driver's license number/Indiana identification card number is PRINT YOUR DRIVER'S LICENSE NUMBER OR INDIANA IDENTIFICATION CARD NUMBER; and I will bring my Indiana driver's license or identification card to my Change of Name Hearing for verification.

4. That my mailing address is: PRINT YOUR MAILING ADDRESS, TOWN, STATE AND ZIP CODE

And, if different, my residence address is: IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT, ALSO PRINT YOUR STREET ADDRESS, TOWN, STATE AND ZIP CODE.

5. The following is a list of all of my previous names:
PRINT ALL OF YOUR PREVIOUS NAMES.

6. That I (do) (do not) hold a valid United States passport. My proof that I am a United States citizen is PRINT YOUR PROOF OF CITIZENSHIP. I will bring this document to my Change of Name Hearing for verification.

IF YOU HAVE A VALID U.S. PASSPORT, CIRCLE "DO"; IF YOU DO NOT HAVE A VALID U.S. PASSPORT, CIRCLE "DO NOT". PROOF IS A 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, VISIT HTTP://TRAVEL.STATE.GOV/PASSPORT/GET/SECONDARY_EVIDENCE/SECONDARY_EVIDENCE_4314.HTML

7. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against me, or I have stated immediately below that I have no felony convictions:
PRINT THE JUDGMENTS OF FELONY CONVICTIONS UNDER THE LAWS OF ANY STATE OR THE UNITED STATES THAT HAVE BEEN ENTERED AGAINST YOU. PLEASE SEE THE NOTE ON THE NEXT PAGE FOR MORE INFORMATION ON THIS PARAGRAPH.

8. That I am not seeking to defraud creditors by changing my name.

9. That I have published notice of my request for name change in a local publication as required by law, and will bring proof of publication to the hearing.

10. That I am not a sex or violent offender who is required to register under I.C. 11-8-8.

Form PS-34282-1
Revised by State Court Administration 10/10

11. That pursuant to Indiana Code 34-28-2-1, I wish to change my name. The reason I want to change my name is:

PRINT THE REASON YOU WANT TO CHANGE YOUR NAME _____.

12. That I wish to change my name to PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO

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

SIGN YOUR CURRENT FULL NAME _____
Signature

PRINT YOUR CURRENT FULL NAME _____
PRINT YOUR MAILING ADDRESS _____
PRINT YOUR CITY, STATE AND ZIP CODE _____

NOTE FOR QUESTION 7 ON PREVIOUS PAGE:

IF YOU HAVE 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 YOU RESIDE; (2) THE PROSECUTING ATTORNEY OF THE COUNTY IN WHICH YOU RESIDE; AND (3) THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION. THE NOTICE GIVEN TO THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION MUST INCLUDE YOUR 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.

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

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

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

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, PRINT YOUR CURRENT FULL NAME, pro se, states as follows:

1. I have given notice of my Petition for Change of Name, pursuant to Indiana Code 34-28-2-3(a).

2. I have attached a copy of the published notice herein as Exhibit A.

3. The attached notice has been verified by the affidavit of a disinterested person.

4. More than thirty (30) days have passed since the last required publication of notice.

WHEREFORE, I respectfully request that this Court consider my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

SIGN YOUR CURRENT FULL NAME
Signature

PRINT YOUR CURRENT FULL NAME
PRINT YOUR MAILING ADDRESS
PRINT YOUR CITY, STATE AND ZIP CODE

Form PS-34282-2
Approved by State Court Administration 02/10

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

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

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

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

NOTICE OF PETITION FOR CHANGE OF NAME

PRINT YOUR CURRENT FULL NAME, whose mailing address is:

PRINT YOUR MAILING ADDRESS, TOWN, STATE AND ZIP CODE

And, if different, my residence address is:

IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT,
ALSO PRINT YOUR STREET ADDRESS, TOWN, STATE AND ZIP CODE

PRINT THE NAME OF THE COUNTY WHERE YOU LIVE County, Indiana hereby gives notice that she/he has filed a petition in the PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS Circuit Court requesting that his/her name be changed to PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO.

Notice is further given that hearing will be held on said Petition on the _____ day of _____, 20____ at _____ o'clock ___m.

SIGN YOUR CURRENT FULL NAME
Petitioner

Date PRINT THE DATE YOU SIGN YOUR NAME

_____
PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS CIRCUIT COURT CLERK

Form PS-34282-3
Revised by State Court Administration 10/10

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR AN ADULT

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

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

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME

On _____, Petitioner, _____PRINT YOUR CURRENT FULL NAME_____, appeared for Change of Name Hearing. Witnesses sworn and evidence presented. Comes now the Court, having reviewed the Verified Petition for Change of Name, Notice of Proof of Publication, and the evidence presented at the hearing, and now finds as follows:

1. That Petitioner's current name is: _____PRINT YOUR CURRENT FULL NAME_____.

2. That Petitioner's date of birth is: ____PRINT YOUR DATE OF BIRTH_____.

3. That Petitioner's Indiana driver's license number/ Indiana identification card number was filed with the Court and is preserved in the Court's records.

4. That Petitioner's mailing address is:

PRINT YOUR MAILING ADDRESS, TOWN, STATE AND ZIP CODE_____

_____

And, if different, Petitioner's residence address is:

IF YOUR MAILING ADDRESS AND STREET ADDRESS ARE DIFFERENT,
ALSO PRINT YOUR STREET ADDRESS, TOWN, STATE AND ZIP CODE_____.

5. That Petitioner's has no other previous names or Petitioner's previous names are as follows _____PRINT ALL OF YOUR PREVIOUS NAMES_____.

6. That Petitioner does/does not hold a valid United States passport.

7. The Petitioner has presented proof of United States Citizenship.

8. That the Petitioner has no felony convictions, or, the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the Petitioner: _____PRINT THE RESPONSE YOU SET OUT IN PARAGRAPH 7 OF THE VERIFIED PETITION FOR CHANGE OF NAME.

9. That Petitioner is not a sex or violent offender who is required to register under I.C. 11-8-8.

10. That Petitioner has presented proof of publication of notice to the Court.

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Approved by State Court Administration 10/10

11. That pursuant to Indiana Code 34-28-2-1, Petitioner wishes to change his/her name.

12. That Petitioner wishes to change his/her name to be
PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO.

13. That Petitioner is not seeking to defraud creditors by changing his/her name.

WHEREFORE IT IS ORDERED that Petitioner's Petition for Change of Name is GRANTED, and Petitioner's name is hereby legally changed to PRINT THE FULL NAME YOU WOULD LIKE YOUR NAME CHANGED TO

SO ORDERED this _____ day of _____, 20____.

_____
JUDGE

Distribution:

PRINT YOUR CURRENT FULL NAME
PRINT YOUR MAILING ADDRESS
PRINT YOUR CITY, STATE AND ZIP CODE

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

IN RE THE NAME CHANGE OF:)
)
)
)
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 and am representing myself.

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

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

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

VERIFIED PETITION FOR CHANGE OF NAME

Petitioner, _____, pro se, respectfully petitions this court to change his/her name. In support of this Petition, Petitioner states as follows:

1. That my current name is: _____.

2. That my date of birth is: _____.

3. That my Indiana driver's license number/Indiana identification card number is _____; and I will bring my Indiana driver's license or identification card to my Change of Name Hearing for verification.

4. That my mailing address is: _____
_____

And, if different, my residence address is: _____
_____.

5. The following is a list of all of my previous names:
_____.

6. That I (do) (do not) hold a valid United States passport. My proof that I am a United States citizen is _____.
I will bring this document to my Change of Name Hearing for verification.

7. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against me, or I have stated immediately below that I have no felony convictions:
_____.

8. That I am not seeking to defraud creditors by changing my name.

9. That I have published notice of my request for name change in a local publication as required by law, and will bring proof of publication to the hearing.

10. That I am not a sex or violent offender who is required to register under I.C. 11-8-8.

11. That pursuant to Indiana Code 34-28-2-1, I wish to change my name. The reason I want to change my name is:
_____.

12. That I wish to change my name to_____.

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

_____
Signature

_____
_____
_____

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

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

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, _____, pro se, states as follows:

1. I have given notice of my Petition for Change of Name, pursuant to Indiana Code 34-28-2-3(a).

2. I have attached a copy of the published notice herein as Exhibit A.

3. The attached notice has been verified by the affidavit of a disinterested person.

4. More than thirty (30) days have passed since the last required publication of notice.

WHEREFORE, I respectfully request that this Court consider my Petition for Name Change, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

_____
Signature

_____
_____
_____

Form PS-34282-2
Approved by State Court Administration 02/10

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

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

NOTICE OF PETITION FOR CHANGE OF NAME

_____, whose mailing address is:

_____
_____

And, if different, my residence address is:

_____
_____

_____ County, Indiana hereby gives notice that she/he has filed a petition in the _____ Circuit Court requesting that his/her name be changed to _____.

Notice is further given that hearing will be held on said Petition on the _____ day of _____, 20____ at _____ o'clock ___m.

_____
Petitioner

Date _____

_____
CIRCUIT COURT CLERK

Form PS-34282-3
Revised by State Court Administration 10/10

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

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

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME

On _____, Petitioner, _____, appeared for Change of Name Hearing. Witnesses sworn and evidence presented. Comes now the Court, having reviewed the Verified Petition for Change of Name, Notice of Proof of Publication, and the evidence presented at the hearing, and now finds as follows:

1. That Petitioner's current name is: _____.

2. That Petitioner's date of birth is: _____.

3. That Petitioner's Indiana driver's license number/ Indiana identification card number was filed with the Court and is preserved in the Court's records.

4. That Petitioner's mailing address is:

_____
_____

And, if different, Petitioner's residence address is:

_____
_____.

5. That Petitioner's has no other previous names or Petitioner's previous names are as follows _____.

6. That Petitioner does/does not hold a valid United States passport.

7. The Petitioner has presented proof of United States Citizenship.

8. That the Petitioner has no felony convictions, or, the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the Petitioner: _____.

9. That Petitioner is not a sex or violent offender who is required to register under I.C. 11-8-8.

10. That Petitioner has presented proof of publication of notice to the Court.

11. That pursuant to Indiana Code 34-28-2-1, Petitioner wishes to change his/her name.

12. That Petitioner wishes to change his/her name to be _____.

13. That Petitioner is not seeking to defraud creditors by changing his/her name.

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

SO ORDERED this _____ day of _____, 20____.

_____
JUDGE

Distribution:

_____
_____
_____