

## INSTRUCTIONS FOR NAME CHANGE OF AN ADULT

**Filing fees:** \$145.00. Additional Court costs may be incurred and are due and payable prior to the issuance of the Judgment Entry.

### **Requirements:**

- You may apply for a name change **ONLY** if you have been a Butler County resident for the past 60 days.

### **Process:**

- The documents listed below must be prepared by the Applicant or an attorney.
- A criminal background check is required for a legal name change of an adult. (See required documents – Item 5).
- Once the documents have been filed, the documents will be presented to the appropriate Hearing Officer for review.
- After the Hearing Officer reviews the application, a formal hearing may be required.
- If a hearing is not required, then copies of the Judgment Entry will be mailed to the applicant or attorney after final Court approval and payment of all Court costs.
- The time frame for each name change application varies on a case by case basis.

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

**NOTE:** All paperwork must be TYPED. No handwritten documents will be accepted by the Court.

**Each form must be printed separately.**

**The Court will NOT accept notarized documents with “white-out” or correction tape.**

**The applicant MUST use their FULL NAME (i.e.: First, middle, and last name) on all filings including any suffixes (i.e.: Jr. Sr., II, III, etc....). No initials may be used.**

**All capital and lower case letter of the Applicant's name must match the identity documents.**

**It is the applicant's responsibility to redact all personal identifiers as this case type is public record. The Court will not redact personal identifiers.**

**Required Documents:**

1. Self-Representation Acknowledgment (BCPC Form 638).
  - Applicant must file this form if not being represented by an attorney.
2. Application Addendum Form (BCPC Form 639).
3. Application for Change of Name of Adult (Form 21.0).
4. Notification for Record Check form (BCI/FBI) will be completed by the Court and sent to the Applicant for filing with the local Sheriff's office. Applicant will be responsible for any processing fees associated with the Notification for Record Check form (BCI/FBI) form.
  - The Court will not proceed with the name change application if the Notification for Record Check form (BCI/FBI) background check is not returned to the Court within 45 days from the time stamp date of the "Notice to Applicant."
5. Certified copy of birth certificate which will be kept by the Court.
6. Photocopy of driver's license or State ID (driver's license number, issuance date, and expiration date may be redacted).
7. Photocopy of Social Security card (social security number must be redacted).
8. Photocopies of all marriage records, if any.
9. Photocopies of all divorce decrees, if any.
10. Photocopy of passport, if any.
11. Any identity document relating to the application for name change.
12. Affidavit in Support of Application for Change of Name of Adult (Form 21.01).
  - The Affidavit must be notarized by a Notary Public before being submitted for filing.
  - Court staff cannot notarize documents.
13. Judgment Entry Changing Name of Adult (Form 21.1).
14. Any documents that are illegible, incomplete, incorrect, or not suitable for scanning could result in your application being denied, delayed, or dismissed.

**NOTE:** If this is a matter of correcting legal documentation, please see "Which process is right for my situation" form located under the name change tab.

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: \_\_\_\_\_

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

## SELF-REPRESENTATION ACKNOWLEDGMENT

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

1. The Court strongly recommends 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 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 available on the Court's website, [www.butlercountyprobatecourt.org](http://www.butlercountyprobatecourt.org)
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Butler County Probate Court Local Rules of Practice, and all other rules, regulations, policies and procedures, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and personas represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner I will be subject to the compliance policies in the Butler County Probate Court Local Rules.
8. 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.
9. 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.
10. If I violate anything in this Self-Representation Acknowledgment, 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.

\_\_\_\_\_  
Fiduciary/Applicant/Guardian

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**JOHN M. HOLCOMB, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_  
Present Legal Name

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

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

Applicant requests a change of name from \_\_\_\_\_  
to \_\_\_\_\_.

The reason for requesting this name change is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule also accompanies this Application.

\_\_\_\_\_  
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)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: \_\_\_\_\_

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

## APPLICATION ADDENDUM

[TO BE COMPLETED WITH APPLICATION]

Please check the applicable box:

This is the original contact information for this case.

This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Applicant(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Attorney's Registration No. \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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Co-Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**APPLICATION ADDENDUM (Continued)**

Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**JOHN M. HOLCOMB, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_

Present Legal Name

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

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

STATE OF OHIO                    )  
  )        **SS:**  
COUNTY OF \_\_\_\_\_ )

The Applicant, being first duly sworn and cautioned according to law, states the following:

- 1) Applicant has been a bona fide legal resident of this county for a period of at least 60 days;
- 2) The Application is not being made for the purpose of evading any creditors or other obligations;
- 3) Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 4) Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud and does not have a duty to comply with R.C 2950.04 or 2950.041 because the Applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense;
- 5) All documentary evidence submitted with the Application is true, accurate and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

This Affidavit was sworn to before me, with oath or affirmation administered, and signed in my presence by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. This notarial certificate is a jurat under Ohio law.

\_\_\_\_\_  
Notary Public

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

Commission Expiration Date \_\_\_\_\_

# Webcheck Fingerprint Information

**Please mark type(s) requested:**

- BCI – State Of Ohio**
- FBI - National**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Date of Birth Social Security # Sex Race Height Weight Hair Eyes

\_\_\_\_\_  
Current Address Telephone Number

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

O.R.C. Code - Reason for Fingerprinting

**Ohio resident more than five (5) years** YES NO

Electronic direct copy to: *(check only if applicable)*

None	Occupational Therapy, Physical Therapy and Athletic Trainers Board	Ohio Dept. of Insurance	Ohio Veterinary Medical Licensing Board
BMV Dealer Licensing	Ohio Board of Nursing	Ohio Dept. of Liquor Control	OPOTA
BMV Deputy Registrar	Ohio Board of Pharmacy	Ohio Dept. of Public Safety	Social Worker Board - CSWMFT
Child Care Center - Type A- ODJFS	Ohio Construction Board	Ohio Medical Board	State Speech & Hearing Professionals Board
Lottery Commission	Ohio Dept. of Education	Ohio State Racing Commission	State Vision Professionals Board

**Results Mailed to Address: *(must be business / school address)***

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Recipient Address

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

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CXV656 - Butler County Sheriff) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

**SIGNATURE:** \_\_\_\_\_

**By signing this form applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**JOHN M. HOLCOMB, JUDGE**

IN THE MATTER OF THE NAME OF \_\_\_\_\_  
Present Legal Name

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

**JUDGMENT ENTRY**  
**CHANGING NAME OF ADULT**  
[R.C. 2717.09]

Upon the Application for Change of Name of Adult, the Court finds that the Application is properly supported by all documentation required by Local Rule and the Applicant's Affidavit required in R.C. 2717.06. The Court further finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the Applicant's name as requested.

Therefore, the Court orders that the Applicant's legal name be changed as follows:

Applicant's name at birth: \_\_\_\_\_

Applicant's current legal name: \_\_\_\_\_

Applicant's new legal name: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

State where birth record was issued: \_\_\_\_\_

Applicant is required to send a certified copy of this Judgment Entry to the vital statistics office in the state that issued the Applicant's birth record.

\_\_\_\_\_  
Date

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

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry Changing Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

Probate Judge

(Seal)

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date