LORAIN COUNTY PROBATE COURT JAMES T. WALTHER, JUDGE

то	(Present Name)
TO	Name Requested)
	CHANGE OF NAME OF ADULT R.C. 2717.01]
The applicant states that the applicant is an adult a Ohio, for at least one year immediately prior to the	and has been a bona fide resident of County filing of this application.
for the following reason:	
general circulation in this county at least thirty (30) The applicant states that the applicant 1) has has not been convicted of, plea initials fraud. 2) has a has no duty to comply with R. initials convicted of, pled guilty to, or was adjudi	ded guilty to, or been adjudicated a delinquent child for identity C. 2950.04 or R.C. 2950.041 because the applicant was
oriented offense or a child-victim oriente	
Attorney for Applicant	d offense.
Attorney for Applicant	d offense.
Attorney for Applicant Typed or Printed Name Address	d offense. Applicant's Signature Typed or Printed Name
Attorney for Applicant Typed or Printed Name Address	d offense. Applicant's Signature Typed or Printed Name Address

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

FORM 21.0 - APPLICATION FOR CHANGE OF NAME OF ADULT

(PAGE 2)

PROBATE COURT OF LORAIN COUNTY, OHIO JAMES T. WALTHER, JUDGE

IN RE: CHANGE OF NAME OF			
	(Present Name)		
Case No	(Name Requested)		
NOTICE OF HEARING [R.C. 2	ON CHANGE OF NAME 717.01]	2	
Applicant hereby gives notice to all interested persons an	d to		
whose last known address is	(Necessary person whose address is unknown)		
that the applicant has filed an Application for Change of			
County, Ohio, requesting the change of name of			
to		20	
The hearing on the application will be held on the			
at o'clock M. in the Probate Court of		, County, located at	
		<u>)</u> (
62	ά.		
	Applicant's Signature		
	Typed or Printed Name		
	Typed of Trinted Maine		
	Address	<u></u>	
	Addless		
		7.	
	City State	Zip	

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

FORM 21.5 - NOTICE OF HEARING ON CHANGE OF NAME

Eff. Date January 1, 2010