FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

ADULT NAME CHANGE APPLICATION INFORMATION

Please review the packet of documents you have received. The Probate Court clerk is not an attorney and cannot answer questions about your name change. It is required by law that you be a resident of Franklin County for at least one continuous year before you file your packet. If you have not lived in Franklin County for at least one year, your application will be dismissed and your filing fees will not be refunded.

BUSINESS OF THIS COURT IS CONDUCTED ON A CASH BASIS

You must publish the name change in a newspaper of general circulation in the county It is your responsibility to make sure that the legal notice is correct and completed. If you have questions as to how to obtain legal notice, you should consult with your attorney.

The papers you file must be typed or written in ink and must be legible. Illegible documents will be refused for filing. All names and addresses must be **complete**. Use middle names instead of middle initials. P.O. Boxes are not permitted for the applicant's address. Incorrect spellings or incorrect addresses may result in additional costs to you as well as a delay in the change of name.

ONCE A NAME CHANGE APPLICATION HAS BEEN FILED, THERE WILL BE NO COURT COST REFUNDS.

FRANKLIN COUNTY PROBATE COURT

JUDGE ERIC BROWN

373 South High Street, 22nd Floor Columbus, OH 43215

NOTICE TO NAME CHANGE APPLICANTS

Your hearing	g on your	Application f	or Name Char	ge has been set	for the	day of
	, 20	, at	P.M. The hea	ring will be held in	the Franklin (County Probate Court,
22nd Floor, 3	373 S. High S	reet, Columb	ous, Ohio 43215	. You must atten	d this hearin	ng, and bring with you
the following	:					
(1)			a newspaper of mbus Dispatch	general or The Daily Rep	porter;	

- (2) If the name change is for a minor , please bring a certified copy of the minor 's birth certificate.
- (3) Consent of parent(s) or proof of service.

It is your responsibility to publish the fact that you have filed the Application for Name Change and the hearing date. Publication is to be made in either:

The Daily Reporter
580 S. High Street 3rd Floor
Columbus, OH 43215
Telephone Number 224-4835
Cost: \$30.00

Cost: \$30.00 (Subject to Change)

The Columbus Dispatch
34 S. Third Street
Columbus, OH 43215
Telephone Number 461-5019
Cost: \$3.62 per line Mon.-Sat.
\$5.16 per line Sunday

The cost for publication is to be paid directly to the newspaper. A proof of publication will be furnished by either newspaper when payment is made.

(Subject to Change)

NOTICE: If the Name Change is for a **minor** the statute requires:

When a name change of a minor is being considered, both the **mother** and **father** must either consent to the name change <u>or</u> be notified of the above hearing date by **certified mail, return receipt requested**. If you are **either** the mother or father and you know the address of the other parent you must notify, by certified mail return receipt requested, the other p arent of the child and bring the green card to the hearing to prove notification. If you do not really know the address of the other parent and are unable to find it after a search, then you must complete the Affidavit contained in the name change package and testify under oath what eforts you have made to locate the other parent.

The entire name change statute is on the following page for your information.

TAKE THIS PAGE WITH YOU

FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

NAME CHANGE STATUTE

[R.C. 2717.01]

Ohio Revised Code 2717.01 states:

(A) A person desiring a change of name may file an application in the probate court of the county in which the person resides. The application shall set forth that the applicant has been a bonafide resident of that county for at least one year prior to the filing of the application, the cause for which the change of name is sought, and the requested new name.

Notice of the application shall be given once by publication in a newspaper of general circulation in the county at least thirty days before the hearing on the application. The notice shall set forth the court in which the application was filed, the case number, and the date and time of the hearing.

Upon proof that proper notice was given and that the facts set forth in the application show reasonable and proper cause for changing the name of the applicant, the court may order the change of name.

(B) An application for change of name may be made on behalfof a minor by either of the minor's parents, a legal guardian, or a guardian ad litem. When application is made on behalf of a minor, in addition to the notice and proof required pursuant to division (A) of this section, the consent of both living, legal parents of the minor shall be filed, or notice of the hearing shall be given to the parent or parents not consenting by certified mail, return receipt requested. If there is no known father of the minor, the notice shall be given to the person who the mother of the minor alleges to be the father. If no father is so alleged, or if either parent or the address of either parent is unknown, notice pursuant to division (A) of this section shall be sufficient as to the father or parent.

Any additional notice required by this division may be waived in writing by any person entitled to the notice.

FRANKLIN COUNTY PROBATE COURT

JUDGE ERIC BROWN

(Effective: 10/01/2005)

COST BILL - NAME CHANGE

IN RE: CHANGE OF NAME OF				
TO	Present Name			
TO CASE NO DATE	_			
CASE NO		\$10.00		
DOCKETING AND INDEX		15.00		
COMPUTERIZED LEGAL RESEARC	Н	3.00		
COMPUTER FEE		10.00		
LEGAL AID TRUST FUND		26.00		
DISPUTE RESOLUTION FUND		10.00		
PETITION		20.00		
ENTRY (Approve or Dismiss)		5.00		
ENTRY SETTING HEARING		_5.00		
SUBT	OTAL	<u>\$104.00</u>		
4 CERTIFIED COPIES (Optional)		4.00		
SUBT	OTAL	\$108.00	CASH	

ONCE A NAME CHANGE APPLICATION HAS BEEN FILED, THERE WILL BE NO COURT COST REFUNDS

> ALL PAPERS, INCLUDING ENTRY, MUST IDENTIFY THE APPLICANT OF THIS PROCEEDING

PROBATE COURT OF FRANKLIN COUNTY, OHIO JUDGE ERIC BROWN

IN RE. CH	Present Name
TO:	
CASE NO	Name Requested
	ACKNOWLEDGMENT OF APPLICANT SANCTIONS FOR FAILURE TO APPEAR AT HEARING
1)	The undersigned applicant acknowledges that the applicant must appear in probate court for the scheduled hearing, or arrange for a continuance in writing prior to the date and time of the scheduled hearing; and must pay the court cost associated with an entry continuing the hearing.
2)	Applicant acknowledges that if they do not appear at the initial hearing day, and have not arranged for a continuance in writing prior to the date and time of the scheduled hearing, they will have only 30 days to appear and reschedule the hearing; and the applicant must pay the court cost associated with an entry continuing the hearing.
3)	Applicant acknowledges that if the applicant does not appear within 30 days of the last scheduled hearing date, the case will be closed, and a new application must be filed with new publication notice and new payment of court costs.
4)	The applicant states that they can read and write the English language and have all their questions answered by the deputy clerk.
5)	The applicant does not understand the written English language and requests an interpreter to appear at the hearing with them. The interpreter should be able to read and write English and my language of
Date	Applicant

PC-NC-21.0 (Rev. 03-2008)

FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

IN RE: CHANG	GE OF NAME ()F				
TO				Present Name	е	
		Name Req	quested			
	APPLICAT				ME OF ADULT	
		_	R.C. 2717.01]			
					esident of	
•	at least one year	• •	-	• •		
to						
for the following	reason:					
		·	•	_	ge of name, and that th	e change of
name is not being	g done for any imp				D:	
	1. 2. 3.	Avoid law enfo Create confus Avoid creditors	sion as to my			
The applicant sta	ates that the applic	ant will cause not	tice of the ap	plication to	be published once in a	newspaper of
general circulation	on in this county at	least thirty (30) d	days before t	he hearing o	on this application.	
Attorney for Applica	nt		Арр	licant's Signatu	ure	
Typed or Printed Nan	me		Туре	ed or Printed N	lame	
Address			Add	ress		
City	State	Zip	City		State	Zip
Telephone Number (i	nclude area code)		Tele	phone Number	r (include area code)	
Attorney Registration	No					

FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

IN RE: CHANGE OF NAME OF	
	Present Name
TOName Requested	
CASE NO	
CASE NO.	
ENTRY SETTING HEARING	AND ORDERING NOTICE
The Court orders this application set for hearing on the $$, a
o'clockM. The applicant is ordered to cause i	notice of the application to be given once by publication in
a newspaper of general circulation in this county at least thirty	(30) days prior to the hearing date as required by law.
	Judge Eric Brown

PC-NC-21.1 (Rev. 12-2000)

FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

IN RE: CHANGE OF N	AME OF		
TO	Name Requested	Present N	lame
CASE NO	Name Requested	d	
JUDGI	MENT ENTRY - CHA	NGE OF N	AME OF ADULT
On	an applic	ation for change	of name was heard by this Court. The Cou
finds that proper notice of th	ne application and hearing dat	e was given by	one publication in a newspaper of general
circulation in this county at	least thirty days prior to the he	earing on the ap	plication. The Court further finds that
reasonable and proper caus	se exists for changing the nam	ie.	
The Court finds that the app	licant's complete name at birth	ı was	
applicant's date of birth was	S		, and the place of birth was
City		County	State
Therefore, it is ORDERED t	he name of		
be changed to			
			Judge Eric Brown
	CERTIFICATION OF	JUDGMEN	IT ENTRY
The above Judament Entr	v - Change of Name of Adul	t is a true conv	of the original kept by me as custodian
of the records of this Cour		t is a true copy	of the original kept by the as eastedian
or the records of this cour	ι.		
			Judge Eric Brown Probate Judge/Clerk
		Ву	
		De	puty Clerk
		Da	to

FRANKLIN COUNTY PROBATE COURT JUDGE ERIC BROWN

IN RE: CHANGE OF NAME C)F	
ТО	Present Name	
CASE NO	Name Requested	
o/102 110.		
	ADULT INFORMATION FORM	
APPLICANT'S NAME:		
PRESENT ADDRESS:		
MARITAL STATUS:		
AGE: DATE OF BIRTH: _	PLACE OF BIRTH:	
		City/County
	NOTE	
If married or divorced/dis	solution, please provide the following informatio	n:
NAME OF FORMER/PRE	ESENT SPOUSE:	
ADDRESS OF ABOVE: _		
NAMES AND AGES OF C	CHILDREN:	
ADDRESS OF ABOVE:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		