

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: <hr/> In the Matter of the Petition of: For a Change of Name to:	<div style="text-align: center;">▲ COURT USE ONLY ▲</div>
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
PETITION FOR CHANGE OF NAME (ADULT)	

- My current full name is _____

First Name
Middle Name
Last Name
- I wish to change my name to _____

First Name
Middle Name
Last Name
- My date of birth is _____.

- I am 18 years of age or older.
- I am a resident of _____ County.

- I have not been convicted of a felony or adjudicated a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law. My certified, fingerprint-based criminal history record check from the FBI is attached as Exhibit A and my certified, fingerprint-based criminal history record check from the CBI is attached as Exhibit B. Both are dated within 90 days of the filing of this Petition pursuant to §13-15-101(b), C.R.S.

- I am requesting a name change for the following reason(s): _____

- The proposed change of name would be proper and not detrimental to the interest of any other person.
- I ask the Court to order publication of my name change request as required by § 13-15-102, C.R.S.
Or
 Publication of my name change request is not required for the following reason(s): _____

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.
(Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGEMENT

I ask the court to order the name change. I _____, swear/affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge.

(Printed name of Petitioner)

Signature of Petitioner

Date

Address

City, State, Zip Code

Telephone #: (home)

(work)

(cell)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Deputy Clerk/Notary Public