

Instructions for Name Change - Adult

Packet contains: Civil Information Form - Petition – Notice by Publication – Notice by Mail – Order
Read Directions Completely – Please Type or Print Neatly

Caution: Use of forms without the assistance of a lawyer could harm your legal rights. You may want to have a lawyer review your completed forms before you file them with the court. These are basic forms and may not cover every situation.

1. Petitioner: Complete the Civil Information Form and Petition except for the case and court numbers.
2. Sign the Petition in front of a Notary.
3. File the original and 1 copy with the Clerk of the District Court (2nd floor of the courthouse) The filing fee is \$105 plus a \$5 surcharge for a total of \$110. It can be paid by money order, Cashier's check or cash.
4. Obtain case number and Court Division assignment from the Clerk of the District Court when you file.
5. Contact the Administrative Assistant for the court to which the case has been assigned, obtain a date and time for a hearing before the court and ask what that judge requires for notice (publication, mail or both).
6. Give notice as required by the judge.
Notice by publication requires you to publish notice of the hearing once a week for three weeks in one of the local papers that publishes legal notices. The paper may send a statement of publication directly to the court or to you. If it is sent to you be sure to bring it with you to the hearing for filing with the Clerk of the District Court.
Each notice by mail should be sent by registered mail – return receipt requested. Bring the return receipt(s) with you to the hearing for filing with the Clerk of the District Court.
7. Complete the Order Changing Name for the judge's signature. Bring it along with proof of notice (see # 6) to the hearing.
8. Make several copies of the signed Order (Social Security, credit card companies etc. will need a file stamped copy of the Order). File the Order with the Clerk of the District Court. The additional copies will be file stamped for no additional charge at that time.

Exhibit A



For Office Use Only

CIVIL INFORMATION SHEET

The civil information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

NATURE OF SUIT (Place an X in one box only – If the case involves more than one of the following categories, indicate the category having the highest dollar value)

CIVIL If a CH. 61: \$ _____ (Judgment Demand Amount)			
TORT	CONTRACT	REAL PROPERTY	STATE TAX WARRANT
Asbestos Product Liability	Buyer Plaintiff	Eminent Domain	
Automobile Tort	Employment Dispute - Discrimination	Mortgage Foreclosure	
Intentional Tort	Employment Dispute - Other	Other Real Property	
Legal Malpractice	Fraud		
Medical Malpractice	Landlord/Tenant - Unlawful Detainer	MISCELLANEOUS	
Other Professional Malpractice	Landlord/Tenant Dispute – Other	60-1507	
Premises Liability	Seller Plaintiff (debt collection)	Habeas Corpus	
Slander/Libel/Defamation	Other Contract	Other Writs	
Tobacco Product Liability			
Toxic/Other Product Liability	CIVIL APPEALS	OTHER CIVIL	
Other Tort	Administrative Agency		
	Other Civil Appeal	SMALL CLAIMS	

DOMESTIC

MARRIAGE DISSOLUTION/DIVORCE	PROTECTION FROM ABUSE	PROTECTION FROM STALKING	UIFSA
OTHER DOMESTIC RELATIONS	NON-DIVORCE SUPPORT, CUSTODY OR VISITATION	PATERNITY	

PROBATE/ESTATE

GUARDIAN /CONSERVATOR	DETERMINATION OF DESCENT	ELDER ABUSE	ADOPTION
Conservatorship/Trusteeship			
Guardianship – Adult	SEXUALLY VIOLENT PREDATOR	OTHER PROBATE / ESTATE	
Guardianship - Minor			
Guardian/Conservator – Adult	DECEDENT ESTATE	CARE AND TREATMENT	
Guardian/Conservator - Minor			

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE _____ County SHERIFF OUT OF STATE _____ State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____
PHONE: _____ **SEX:** _____
SSN: _____ **DOB:** _____
DL OR STATE ID NO: _____
State and Number

DEFENDANT / OTHER PARTY INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____
PHONE: _____ **SEX:** _____
SSN: _____ **DOB:** _____
DL OR STATE ID NO: _____
State and Number

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name)	(Date of Birth)	(Social Security Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the

ADDITIONAL CIVIL PARTY INFORMATION

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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State and Number

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ATTORNEYS

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PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name) (Date of Birth) (Social Security Number)

VERIFICATION

STATE OF KANSAS)
) ss:
COUNTY OF JOHNSON)

_____ [Petitioner's Name], of lawful age, being first duly sworn, on his/her oath, states:

He/She is the Petitioner in the above-captioned matter; that he/she has read the above and foregoing Petition and the statements, allegations, and matters contained herein are true and correct.

Petitioner, Pro Se

SUBSCRIBED AND SWORN to before me on this ____ day of _____, 2____.

Notary Public

My Appointment Expires:

8. The Petition for Order Changing Name is not made for the purpose of avoiding any debts, obligations or legal process nor is it made for the purpose of misleading or defrauding any person. The requested name change will not result in prejudice to any person.

9. No objections have been made to the Court and the Court finds Petitioner is entitled to have his/her legal name shown on his/her birth certificate changed to _____ [Petitioner's Requested Name].

IT IS THEREFORE BY THE COURT CONSIDERED, ORDERED, ADJUDGED, AND DECREED that the above and foregoing findings are made as orders of this Court, that the name shown on Petitioner=s birth certificate of _____ [Petitioner's Full Name is hereby ordered changed to _____ [Petitioner's Requested Name], and that the costs of this proceeding are assessed against Petitioner.

IT IS SO ORDERED.

Judge of the District Court

SUBMITTED BY:

Petitioner, Pro Se
[Address]
[City, State, Zip]
[Telephone]