

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR CHANGE OF NAME

GENERAL INSTRUCTIONS FOR BOTH ADULTS & MINORS

The law requires that you have been a resident of Medina County for sixty (60) days before you file your Application. In the case of a minor, the minor must be at least sixty days old. If you have not lived in Medina County for at least sixty days, your Application will be dismissed and your filing fees will not be refunded.

1. The Application, with all information must be typed or legibly printed in **ink**.
2. All requested information must be completed. Do not leave any lines blank!
3. Have you had a previous name change? If so and your birth certificate does not reflect this change, bring a certified copy of that name change when you file.
4. **All names must be complete. Use middle names, where applicable, instead of middle initials.**
5. **You must bring a recent certified copy of your birth certificate (issued within the past year) when you file the Application.**
6. File the completed forms with the Medina County Probate Court. The Probate Court is located on the first floor of the County Court House, which is located on the East side of Medina Square. Our mailing address is 225 E. Washington St., 4th Floor, Medina, Ohio 44256.
7. You must include the Initial Filing Fee of \$150 (Adult) or \$175 (Minor) with your application.
8. **All applicants who are adults and minors 10 years of age or older for whom a name change application has been filed, must attend the hearing.** Failure to attend the hearing will result in a denial of the name change application.

INSTRUCTIONS SPECIFICALLY FOR MINORS

1. A **Recent Certified copy** (within the past year) of the Birth Certificate is required.
2. If publication is required, a "Notice of Hearing on Change of Name" will be mailed to you. You must sign and return it to the Court so we can send it to the Medina Co. Gazette for publication. You must then call the Gazette to pay for the cost of publication. The notice must be in the newspaper once at least thirty (30) days before the hearing. Failure to properly publish the notice may result in the denial of your application.
3. After the newspaper publishes your notice, you will receive a Publisher's Affidavit (Proof of Publication) which **you must mail or bring to the Court prior to your hearing.**
4. If you are attempting to change the name of a minor, the parents of the minor, including an alleged father, must either consent to the name change, or be given proper legal notice of the hearing. The non-consenting parent or alleged father is entitled to notice regardless of the amount of contact with the child or the amount of child support paid or not paid.
5. In a minor name change, if a parent or alleged father does not consent, then the applicant must prove by clear and convincing evidence that the name of the minor should be changed. This may require witnesses and evidence to be presented at the hearing. If you have any questions as to how to present your case, you should consult with an attorney. **The clerks at the Probate Court are not attorneys and therefore cannot give you legal advice.**

PROBATE COURT OF MEDINA COUNTY, OHIO

Kevin W. Dunn, Judge

IN RE: The Name of: _____
(Present Name)

Case No. _____

APPLICATION FOR CHANGE OF NAME OF ADULT

[R.C.2717.02 and 2717.03]

Applicant is an adult and has been a bona fide resident of Medina County, Ohio, for at least sixty (60) days immediately prior to the filing of this application.

Applicant requests a change of name from _____
to _____

for the following reason:

An affidavit in support of this Application is attached.

Attorney for Applicant

Typed or Printed Name

Address

City State Zip

Telephone Number (including area code)

Attorney Registration No.

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (including area code)

PROBATE COURT OF MEDINA COUNTY, OHIO

Kevin W. Dunn, Judge

IN RE: The Name of: _____
(Present Name)

Case No.

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF ADULT**

[R.C.2717.06]

State of Ohio, County of Medina, SS.

The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says and verifies all of the following:

- (1) The Applicant has been a bona fide resident of Medina County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
- (2) The Application is not made for the purpose of evading any creditors or other obligations;
- (3) The Applicant is not a debtor in any currently pending bankruptcy proceeding;
- (4) The Applicant has not been convicted, or pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
- (5) The Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense;
- (6) Any other information relevant to the Application _____

- (7) All documentary evidence submitted with the Application is true, accurate and complete.
- (8) City, County and State of your Birth _____

Applicant's Signature

Sworn to before me and subscribed in my presence the _____ *day of* _____

Notary Public

PROBATE COURT OF MEDINA COUNTY, OHIO

Kevin W. Dunn, Judge

IN THE MATTER OF: _____

Case No. _____

SELF-REPRESENTATION ACKNOWLEDGEMENT

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

1. The Court strongly recommended 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 on my own 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 on the Court's website: www.MedinaProbate.org.
5. I am responsible for understanding and correctly applying those portion of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Medina County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. 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.
8. 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.
9. If I violate anything in this Self-Representation Acknowledgement, 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.

Applicant Signature

Typed or printed Name

Address

City

State

Zip

Phone Number (include area code)

E-mail Address