

# INSTRUCTIONS FOR COMPLETING AN APPLICATION TO CONFORM LEGAL 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. **All names must be complete. Use middle names, where applicable, instead of middle initials.**
4. **You must bring a certified copy of your birth certificate and originals of any non-conforming identity documents when you file the Application.**
5. 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.
6. You must include the Initial Filing Fee of \$150 (Adult) or \$175 (Minor) with your application.
7. If there is a hearing, all applicants who are adults and minors 10 years of age or older for whom an application to conform legal name has been filed, must attend the hearing. Failure to attend the hearing will result in a denial of the 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 Conforming Legal 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 conform the legal name of a minor, the parents of the minor, including an alleged father, must either consent to the application, 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.

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**Kevin W. Dunn, Judge**

**IN RE:** The Name of: \_\_\_\_\_  
(Present Name)

Case No. \_\_\_\_\_

**APPLICATION TO CONFORM LEGAL NAME OF MINOR**

[R.C. 2717.0, 2717.05, and 2717.13]

Applicant states that a misspelling, inconsistency, or other error of the above-named minor's legal name exists on one or more of his or her official identity documents. This application provides the necessary information to explain the misspelling, inconsistency, or other error and the corrections needed to conform minor's legal name on all official identity documents.

The minor has been a bona fide resident of this county for at least 60 days immediately before filing this Application.

**Minor's Information:**

Correct current legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Name at birth (if different than current name): \_\_\_\_\_

Date of birth: \_\_\_\_\_

State where birth record was issued: \_\_\_\_\_

Desired legal name: \_\_\_\_\_

Applicant's relationship to the minor is:

- Parent
- Legal Guardian
- Legal Custodian
- Guardian ad Litem of the minor.

The name and address of Parent 1 of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.

Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address, but cannot locate this individual.

The name and address of Parent 2 or the alleged father of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.

Applicant states that the address of Parent 2 or the alleged father is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address, but cannot locate this individual.

There is no person alleged to be the father/Parent 2 of the minor.

The following official identity document(s) contain a misspelling, inconsistency or other error: [Check all that apply]

- Birth Record                      Driver's License
- Social Security Card            State Issued Identification Card
- Passport                            Other \_\_\_\_\_

The misspelling, inconsistency, or other error on the official identity document(s) marked above is described below:

Official identity document: \_\_\_\_\_

Incorrect name that requires correction on this document: \_\_\_\_\_

Correct name that should be stated on this document: \_\_\_\_\_

Official identity document: \_\_\_\_\_

Incorrect name that requires correction on this document: \_\_\_\_\_

Correct name that should be stated on this document: \_\_\_\_\_

Check this box if more than two official identity documents are affected, and attach the information on a separate page.

The minor is one and the same person referenced in each of the official identity documents, despite the name discrepancy. But for the misspelling, inconsistency, or other error identified above, there would not be any discrepancy in minor's chain of identity.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule or court order also accompanies this Application.

Applicant requests the Court to issue an order conforming the minor's legal name in the manner described in this Application so the minor's legal name and chain of identity are consistent on all of his or her official identity documents.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Telephone Number (including area code)

Attorney Registration No. \_\_\_\_\_

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**Kevin W. Dunn, Judge**

**IN RE:** The Name of: \_\_\_\_\_  
(Present Name)

Case No.

**AFFIDAVIT IN SUPPORT OF APPLICATION  
TO CONFORM LEGAL NAME OF MINOR**

[R.C.2717.06(A)]

*State of Ohio, County of Medina, SS.*

The undersigned, in support of the Application to Conform Legal Name of Minor, deposes, says and verifies all of the following:

- (1) Applicant has personal knowledge of the facts stated in this Affidavit;
- (2) The minor has been a bona fide legal resident of this county for a period of at least 60 days;
- (3) The Application is not made for the purpose of evading any creditors or other obligations;
- (4) The minor is not a debtor in any currently pending bankruptcy proceeding;
- (5) All documentary evidence submitted with the Application is true, accurate and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Typed or Printed Name*

*Commission Expiration Date:* \_\_\_\_\_

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**IN RE:** The Name of: \_\_\_\_\_  
(Present Name)

Case No.

**WAIVER OF NOTICE OF HEARING AND CONSENT TO  
CONFORM LEGAL NAME OF MINOR**  
[R.C. 2717.14(D)]

The undersigned, being a parent, legal custodian, or legal guardian of the minor, voluntarily waives notice of the hearing on the Application to Conform Name of Minor and consents to the Application in its entirety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

# 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](http://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