APPLICATION FOR CHANGE OF NAME FOR AN ADULT

APPLICATION FOR CHANGE OF NAME OF AN ADULT

	Case Number:
Applicant's Current Full Legal name: Applicant's Current Name Being Used (Same as above or):	
Pe	rmanent Address:
Cit	y, State, Zip Code:
Те	lephone Number:
En	nail Address:
	Pursuant to Superior Court Civil Rule 205 and DC Code §§ 16-2501, 2503
I, A	Applicant, respectfully represent to the court:
1.	I am an adult born on the day of, in
2.	I presently reside at (same as above or):
3.	I am seeking a change of name to: for the following reason(s):
4.	Social Security Number:
5.	Occupation:
6.	Father's full name: (As it appears on Applicant's Birth Certificate)
	Mother's full name: (As it appears on Applicant's Birth Certificate)
	Other Parent's full name: (As it appears on Applicant's Birth Certificate)
7.	Has your name previously been changed? Yes or No (If yes, give all previous name(s), all name changes, and the date(s), place(s), and reason(s)).

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- 8. Have you been known by or used a name other than the name you desire to assume? Yes or No (If yes, give all such name(s), date(s), place(s), and reason(s)).
- 9. Are there any Child Support Orders, in any jurisdiction, that may be affected by the requested change of name? Yes or No.
 - Case Number(s): _____ State(s): _____
 Case Number(s): _____ State(s): _____
- 10. Are you involved in any ongoing court case(s), including immigration proceedings? Yes or No (If yes, give case number(s), case caption(s), state(s), name(s) of court(s), and type of case.
- 11. Is there any open or closed court case involving a decedent's estate, probate matter, guardianship, conservatorship, trust, heirship, fiduciary power, patent, trademark, copyright, goodwill, privacy, partnership, corporation or other person, entity or proceeding that may be affected by the requested change of name? Yes or No (If yes, give case number(s) name of person(s) or business(es) involved, state(s), name of court(s), and type of case.
- 12. Is there any open or closed administrative or public agency proceeding that may be affected by the proposed change of name? Yes or No (If yes, give case number(s), name of agency(ies), and type of proceeding(s).
- 13. Have you ever been the subject of a bankruptcy, receivership, or insolvency proceeding? Yes or No (If yes, give case number(s), state(s), name of court(s), and type of proceeding(s).

14. Have you ever been convicted of a felony in any jurisdiction? Yes or No (If yes, give case number(s), state(s), name of court(s) and the criminal offense(s).

15. Are you on probation, parole, or supervised release in any jurisdiction? Yes or No (If yes, give specifics including the supervising agency, name, telephone number, and address for the person to whom you report.)

16. Are you currently registered or required to register as a sex offender in any jurisdiction? Yes or No (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

17. Are you currently registered or required to register as a gun offender in any jurisdiction? Yes or No (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

18. Has a Judgment or Decree ever been entered against you in any jurisdiction? Yes or No (If yes, has the Judgment or Decree been paid or satisfied?) Yes or No (Give the case, number(s), date(s), state(s), and circumstances).

- 19. List the name and address of all of Applicant's current creditors. A creditor is any person or company to which the Applicant currently owes money or to which Applicant makes payments on accounts, even if the present account balance is zero. Creditors include, but are not limited to, the following:
 - Landlords to whom Applicant makes rent payments
 - Utility Companies including gas, water and electricity providers
 - Lenders on mortgages, car purchase loans, student loans, financing company loans or any other loan
 - Credit Card Companies (even if there is a zero balance)
 - Store charge accounts
 - Insurance companies to whom Applicant makes premium payments
 - Telephone companies with whom Applicant has a landline or cell phone account
 - Providers of internet and cable TV services
 - Banks or credit unions where Applicant has a checking or savings account
 - Hospitals, doctors, dentists, contractors, lawyers, accountants or others to whom Applicant owes money for services rendered
 - Any state or federal tax department to whom Applicant owes money for unpaid taxes

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT OR UNDISCLOSED PURPOSE AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.

I, the Applicant, declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct.

Executed on this the _____ day of _____, 20____.

Signature of Applicant: _____