

NAME CHANGE FOR AN ADULT

(WITHOUT MINOR CHILDREN)



PINAL COUNTY

**TO MAKE A REQUEST FOR A CHANGE OF NAME FOR AN ADULT
WHO HAS NO MINOR CHILDREN**

INSTRUCTIONS AND FORMS

**Provided as a Public Service by
Rebecca Padilla
Clerk of the Superior Court**

APPLICATION FOR CHANGE OF NAME OF AN ADULT WITH NO MINOR CHILDREN

CHECKLIST

USE THE FORMS AND INSTRUCTIONS in this packet only if the following factors apply to your situation:

√ You want to ask the court to change your name,

AND

√ You are an adult 18 years or older,

AND

√ You do not have any minor children.

NOTE: For information regarding name changes that can be obtained without going to court, or to add a name to, or change a name on a birth certificate, please contact the Arizona Department of Health Services, Bureau of Vital Records at (602) 364-1237.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing.

PROCEDURES

HOW TO FILE FOR A CHANGE OF NAME WITH THIS COURT FOR AN ADULT WITH NO MINOR CHILDREN

STEP 1: FILL OUT THE FORMS: Use Black Ink Only. Keep Forms Neat & Clean. Do Not Fold Forms. Do Not Use Line Paper When Including Attachments.

Fill out the *“Application for Change of Name for an Adult”*, *“Civil Cover Sheet”* and the *“Notice of Hearing Regarding Application for Change of Name”* (leave date, time and location blank).

STEP 2: MAKE COPIES:
Make 2 copies of the *“Application for Change of Name for an Adult”*

STEP 3: FILE THE PAPERS AT THE COURT:

WHO: Who must file the *“Application for Name Change of an Adult”*?
The adult, 18 years or older, seeking the name change, or their attorney, must file the papers.

GO TO: THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO FILE YOUR PAPERS:

Visit our website for office locations or feel free to give us a call.

Contact Information for all Offices

Toll Free: 888.431.1311 • Local: 520.509.3555 or 311 • Fax: 520.866.5320
www.coscpinalcountyaz.gov/office.html

FEES: Please check with the Clerk’s office for the current filing fee. The fee is

payable to the Clerk of the Superior Court by cash, money order, Visa or MasterCard or personal check with proper identification. If the filing fee is a hardship and you think a fee deferral is appropriate, ask the staff at the Customer Service Counter for an Application for Fee Deferral before you file your Petition.

Note: With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs)

PAPERS: Give your original application and all copies to the Clerk along with the filing fee. **Make sure the filing clerk conforms (stamps) all of your copies and returns them to you.**

STEP 4: SCHEDULE YOUR HEARING AT THE TIME OF FILING:

After filing the application, the clerk will complete the ***“Notice of Hearing Regarding Application for Change of Name”*** to show the date (depending on your method of service), time, and place of your hearing. You must request copies of this form.

STEP 5: NOTIFY ANY INTERESTED PARTY:

WHO: You must notify your spouse, if you are married, about your request for name change and the scheduled hearing.

HOW TO NOTIFY: If you know where your spouse lives, you can do one of the following:

1. IF YOUR SPOUSE AGREES WITH YOUR REQUEST – Give your spouse a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have your spouse complete the form entitled, ***“Consent of Spouse to Name Change of an Adult and Waiver of Notice”*** and have it notarized. That document serves as your proof of notice. Bring the signed and notarized ***“Consent of Spouse to Name Change of an Adult and Waiver of Notice”*** to the hearing.
2. IF YOUR SPOUSE DOES NOT AGREE WITH YOUR REQUEST OR YOU ARE NOT SURE IF HE/SHE AGREES - Give your spouse a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have the person sign an ***“Acceptance of Service”***. That notarized form serves as the proof of notice. Bring the signed and notarized ***“Acceptance of Service”*** to the hearing; **OR,**
3. Send a copy of your application bearing the Clerk’s stamp and the ***“Notice of Hearing Regarding Application for Change of Name”*** showing the date, time, and place of hearing by certified mail/restricted delivery (return receipt requested). This must be done at least 30 days before the hearing. Proof of notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed ***“Affidavit of Service by Certified Mail”*** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

If you do NOT know where your spouse lives:

A Notice of Hearing that shows the date, time, and place of your hearing must be published once in a newspaper of general circulation in Pinal County at least 14 days before the hearing. This is called notice by publication.

If notice is by publication, you must complete a notarized statement explaining in detail what efforts you made to locate the person(s). Bring that statement with you to the hearing. The Court will not accept notification by publication unless diligent efforts have been made to locate the person for whom notification is required.

STEP 6:**ATTEND THE HEARING:**

WHO: All adults who are requesting a name change **MUST** be present at the hearing.

BRING: **These documents are required for your hearing:**

- 2 copies of ***“Order Changing Name for an Adult”***
- Photo identification for any person(s) who requests the change of name
- Certified copy of birth certificate or proof of naturalization or resident alien status (if applicable).
- Proof of Notice as described above in Step 5
- Divorce Decree (If applicable)
- Prior Name Change orders (If applicable)
- Copy of Orders of Protection and/or Injunctions Against Harassment still in effect (If applicable)
- If the person requesting the change of name is not a United States citizen, his/her passport or proof of immigration status must also be provided at time of hearing.

AFTER THE HEARING:

If the Judge grants the name change(s), the Order Changing Name will be signed and you will be directed to the Customer Service Counter to receive a conformed copy of the Order.

You may need to purchase a certified copy of the Order to complete the change of name with other state and local government agencies. Please check with the Clerk's office for the current fee for purchasing a "Certified Copy" of the Order Changing Name. The fee is payable to the Clerk of the Superior Court by cash, money order, visa or MasterCard.

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**APPLICATION FOR CHANGE OF NAME
FOR AN ADULT**

Name of Applicant

HONORABLE: _____

STATEMENTS TO THE COURT, UNDER OATH

1. INFORMATION ABOUT ME, THE APPLICANT

Name on Birth Certificate or Current Legal Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

County of Residence: _____

2. I ask that my name be changed to:

(First) (Middle) (Last)

I ask that the birth records be ordered changed to reflect the new name listed above.

3. REASON FOR THIS REQUEST FOR CHANGE OF NAME:

4. STATEMENTS TO THE COURT REQUIRED BY ARIZONA LAW (A.R.S. §12-601(C))

Check the boxes that indicate a true statement.

a. I submitted this application solely for the benefit and in the best interest of the person for whom the name change is requested.

- b. I understand and acknowledge that this change of name, if granted, will not release me from any obligation incurred or harm any rights of property or action in any previous name.
- c. I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime or terrorism or any other offense involving false statements.
- d. Have you or any adult listed above ever been convicted of a felony? Yes No
If “yes”, list all felony convictions on next page.

If “Yes” to statement “d” all felony convictions are listed below.

	Felony Case No.	County and State	Sentence	Date of Conviction
1				
2				
3				
4				

Is there anything regarding your felony conviction(s) that you would like to bring to the Court’s attention?

(Optional) _____

- e. Are there any criminal charges (felony or misdemeanor) pending against you at this time?
 Yes No

If “Yes” to “e” all pending charges are listed below:

	Pending Charges	Name of Court or City & State	Case No.
1			
2			
3			
4			

Is there anything regarding your pending criminal charges that you would like to bring to the Court’s attention?

(Optional) _____

**In the Superior Court of the State of Arizona
In and For the County of _____**

Case Number _____

CIVIL COVER SHEET- NEW FILING ONLY
(Please Type or Print)

Plaintiff's Attorney _____

Attorney Bar Number _____

Plaintiff's Name(s): (List all)

Plaintiff's Address:

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All) _____

(List additional defendants on page two and/or attach a separate sheet)

RULE 26.2 DISCOVERY TIER OR MONETARY RELIEF CLAIMED:

IMPORTANT: Any case category that has an asterisk (*) MUST have a dollar amount claimed or Tier selected. State the monetary amount in controversy or place an "X" next to the discovery tier to which the pleadings allege the case would belong under Rule 26.2.

Amount Claimed \$ _____ Tier 1 Tier 2 Tier 3

NATURE OF ACTION

Place an "X" next to the **one** case category that most accurately describes your primary case. **Any case category that has an asterisk (*) MUST have a dollar amount claimed or Tier selected as indicated above.**

TORT MOTOR VEHICLE:

- Non-Death/Personal Injury*
- Property Damage*
- Wrongful Death*

- Malpractice – Other professional*
- Premises Liability*
- Slander/Libel/Defamation*
- Recovery of Damages under A.R.S. §12-514
(Please provide Plaintiff DOB: ___/___/___)
- Other (Specify) _____*

TORT NON-MOTOR VEHICLE:

- Negligence*
- Product Liability – Asbestos*
- Product Liability – Tobacco*
- Product Liability – Toxic/Other*
- Intentional Tort*
- Property Damage*
- Legal Malpractice*

MEDICAL MALPRACTICE:

- Physician M.D.* Hospital*
- Physician D.O.* Other*

CONTRACTS:

- Account (Open or Stated)*
- Promissory Note*
- Foreclosure*
- Buyer-Plaintiff*
- Fraud*
- Other Contract (e.g., Breach of Contract)*
- Excess Proceeds – Sale*
- Construction Defects (Residential/Commercial)*
 - Six to Nineteen Structures*
 - Twenty or More Structures*
- Credit Card Debt (Maricopa County Filings Only)*

OTHER CIVIL CASE TYPES:

- Eminent Domain/Condemnation*
- Eviction Actions (Forcible and Special Detainers)*
- Change of Name
- Transcript of Judgment
- Foreign Judgment
- Quiet Title*
- Forfeiture*
- Election Challenge
- NCC – Employer Sanction Action (A.R.S. §23-212)*
- Injunction against Workplace Harassment
- Injunction against Harassment
- Civil Penalty
- Water Rights (Not General Stream Adjudication)*
- Real Property*
- Special Action
(See lower court appeal cover sheet in Maricopa)
- Immigration Enforcement Challenge (A.R.S. §§1-501, 1-502, 11-1051)
- Expungement

UNCLASSIFIED CIVIL:

- Administrative Review
(See lower court appeal cover sheet in Maricopa)
- Tax Appeal
(All other tax matters must be filed in the AZ Tax Court)
- Declaratory Judgment
- Habeas Corpus
- Landlord Tenant Dispute – Other*
- Declaration of Factual Innocence (A.R.S. §12-771)
- Declaration of Factual Improper Party Status
- Vulnerable Adult (A.R.S. §46-451)*
- Tribal Judgment
- Structured Settlement (A.R.S. §12-2901)
- Attorney Conservatorships (State Bar)
- Unauthorized Practice of Law (State Bar)
- Out-of-State Deposition for Foreign Jurisdiction
- Secure Attendance of Prisoner
- Assurance of Discontinuance
- In-State Deposition for Foreign Jurisdiction
- Eminent Domain – Light Rail Only*
- Interpleader – Automobile Only*
- Delayed Birth Certificate (A.R.S. §36-333.03)
- Employment Dispute – Discrimination*
- Employment Dispute – Other*
- Verified Rule 27(a) Petition*
- Verified Rule 45.2 Petition
- Amendment of Birth Certificate
- Amendment of Marriage License (Maricopa County Filings Only)
- Application/Motion Objecting to Foreign Subpoena
- Other (Specify)* _____

EMERGENCY ORDER SOUGHT:

- Temporary Restraining Order
- Provisional Remedy
- OSC
- Election Challenge
- Employer Sanction
- Other (Specify) _____

COMMERCIAL COURT (Maricopa County Only)

This case is eligible for the commercial court under Rule 8.1, and plaintiff requests assignment of this case to the commercial court. More information on the commercial court, including the most recent forms, are available on the court’s website at <https://www.superiorcourt.maricopa.gov/commercial-court/>.

Additional Plaintiff(s)

Additional Defendant(s)

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**NOTICE OF HEARING REGARDING
 APPLICATION FOR CHANGE OF NAME**

 Name(s) of person(s) requesting name change

HONORABLE: _____

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Applicant has filed with the Court an Application for Change of Name. At the hearing, the Court will consider whether to grant or deny the requested name change. If you wish to be heard on this issue, you must appear at the scheduled hearing.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as outlined below:

DATED: _____ (Month/Day/Year) _____ (Applicant's Signature)

THE COURT COMPLETES THE FOLLOWING SECTION

DATE: _____ TIME: _____

LOCATION: Pinal County Justice Complex - 971 N Jason Lopez Circle, Bldg A – Florence AZ 85132

BEFORE THE HONORABLE: _____

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF SPOUSE TO
NAME CHANGE OF AN ADULT AND
WAIVER OF NOTICE**

Name of Applicant

HONORABLE: _____

REQUIRED INFORMATION FROM SPOUSE, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____
Address: _____
Telephone: _____
Date of Birth: _____

The applicant and I have at least one child in common.

2. I have read the Application for Name Change and I consent to my spouse changing their name to:

(First) (Middle) (Last)

3. I waive notice of all further proceedings in this matter.

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**AFFIDAVIT OF SERVICE BY
 CERTIFIED MAIL**

 Name of Applicant

HONORABLE: _____

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the **“Application for Change of Name”** and the **“Notice of Hearing Regarding Application for Change of Name”** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

I swear or affirm that the information on this document is true and correct under penalty of perjury.

 Date

 Signature

State of Arizona)

County of _____)

(Arizona County)

Subscribed and sworn (or affirmed) before me this _____ day _____, 20____
 (Day) (Month) (Year)

by _____
 (Name of Signer)

 Seal (Affix notary seal here)

 Notary Public (Notary's Signature)

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

ORDER CHANGING NAME OF AN ADULT

Name of Applicant

HONORABLE: _____

THE COURT FINDS:

1. This case has come before this Court to Change the Name of the Applicant above.
2. This Court has jurisdiction to change the name of the Applicant.
3. Good cause exists to grant the application for Change of Name.
4. It is in the best interest of the Applicant to change his/her name as set forth below.

IT IS HEREBY ORDERED:

1. The name on the Birth Certificate OR the Current Legal Name:

(First) (Middle) (Last)

Date of Birth: _____

Place of Birth: _____

IS CHANGED TO:

(First) (Middle) (Last)

2. For the person born in the State of Arizona, the Office of Vital Records is ordered to amend the birth record to reflect the new name as ordered above.
 For the person born in a state other than Arizona, to the extent that the agency that maintains birth records in that state is authorized to honor an order of this Court, that agency is requested or ordered to amend its birth records to reflect the new name as ordered above.
3. This Order does not release the Applicant from any obligation or harm any rights of property or action in any original name.
4. Other orders: _____

DONE IN OPEN COURT this _____ day of _____ 20 _____

(Superior Court Judge/Special Commissioner)