

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

## SELF-REPRESENTATION ACKNOWLEDGMENT

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

1. The Court strongly recommends 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 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 available on the Court's website, [www.probatecourt.bcoho.gov](http://www.probatecourt.bcoho.gov).
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Butler County Probate Court Local Rules of Practice, and all other rules, regulations, policies and procedures, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and personas represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner I will be subject to the compliance policies in the Butler County Probate Court Local Rules.
8. 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.
9. 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.
10. If I violate anything in this Self-Representation Acknowledgment, 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.

\_\_\_\_\_  
Fiduciary/Applicant/Guardian

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)

**TO** \_\_\_\_\_  
(Requested 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 \_\_\_\_\_ County, Ohio, for at least 60 days immediately prior to the filing of this application.

Applicant requests a change of name from \_\_\_\_\_  
First Middle Last

to \_\_\_\_\_  
First Middle Last

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 (include area code)

\_\_\_\_\_  
Email Address

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

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

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

## APPLICATION ADDENDUM

[TO BE COMPLETED WITH APPLICATION]

Please check the applicable box:

This is the original contact information for this case.

This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Applicant(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Attorney's Registration No. \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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Co-Applicant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**APPLICATION ADDENDUM (Continued)**

Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)  
**TO** \_\_\_\_\_  
(Requested Name)  
**CASE NO.** \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF  
APPLICATION FOR CHANGE OF NAME OF ADULT  
[R.C. 2717.06]**

*State of Ohio*    }  
   }  
*County of* \_\_\_\_\_ } SS  
   }

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

Check all that apply:

- 1.  Applicant has been a bona fide resident of \_\_\_\_\_, 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.  Applicant is not a debtor in any currently pending bankruptcy proceeding;
  
- 4.  Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
  
- 5.  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;

Any other information relevant to the Application \_\_\_\_\_

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All documentary evidence submitted with the Application is true, accurate, and complete.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Notary Public/Deputy Clerk

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**JOHN M. HOLCOMB, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_ (Present Name)  
**TO** \_\_\_\_\_ (Requested Name)  
**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY SETTING HEARING AND  
ORDERING NOTICE**  
[R.C. 2717.08 and 2717.14]

The Court sets the Application for Change of Name in this case for hearing on \_\_\_\_\_, 20\_\_  
at \_\_\_\_\_ M.

The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who  
have not waived notice:

- By certified mail, return receipt requested
- By personal service
- By publication once in a newspaper of general circulation in this county at least 30 days before the hearing
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant shall file proof of service with the Court before the hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE

IN RE: CHANGE OF NAME OF \_\_\_\_\_  
(Present Name)  
TO \_\_\_\_\_  
(Requested Name)  
CASE NO. \_\_\_\_\_

JUDGMENT ENTRY - CHANGE OF NAME OF ADULT  
[R.C. 2717.09]

On \_\_\_\_\_ an application for change of name was heard by this Court. The Court finds that Applicant has provided sufficient proof that the facts in the application show reasonable and proper cause for changing the name. Applicant's date of birth was \_\_\_\_\_, and the place of birth was \_\_\_\_\_

\_\_\_\_\_  
City County State

Therefore, it is **ORDERED** the name of \_\_\_\_\_  
First Middle Last  
be changed to \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry - Change of Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

\_\_\_\_\_, Probate Judge

(Seal)

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

# Webcheck Fingerprint Information

**Please mark type(s) requested:**

- BCI – State Of Ohio**
- FBI - National**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Date of Birth Social Security # Sex Race Height Weight Hair Eyes

\_\_\_\_\_  
Current Address Telephone Number

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

O.R.C. Code - Reason for Fingerprinting

**Ohio resident more than five (5) years** YES NO

Electronic direct copy to: *(check only if applicable)*

None	Occupational Therapy, Physical Therapy and Athletic Trainers Board	Ohio Dept. of Insurance	Ohio Veterinary Medical Licensing Board
BMV Dealer Licensing	Ohio Board of Nursing	Ohio Dept. of Liquor Control	OPOTA
BMV Deputy Registrar	Ohio Board of Pharmacy	Ohio Dept. of Public Safety	Social Worker Board - CSWMFT
Child Care Center - Type A- ODJFS	Ohio Construction Board	Ohio Medical Board	State Speech & Hearing Professionals Board
Lottery Commission	Ohio Dept. of Education	Ohio State Racing Commission	State Vision Professionals Board

**Results Mailed to Address: *(must be business / school address)***

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Recipient Address

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

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CXV656 - Butler County Sheriff) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

**SIGNATURE:** \_\_\_\_\_

**By signing this form applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**