PROBATE COURT OF BUTLER COUNTY, OHIO

| IN TH | E MATTER OF: |
|---------|--|
| | E NO |
| | SELF-REPRESENTATION ACKNOWLEDGMENT |
| I ackno | owledge 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 a 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.bcohio.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 thi 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 of 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 meanthority to proceed further with this case, or may require that I must be represented by an attorned to continue with this case. |
| | Fiduciary/Applicant/Guardian |
| | Typed Printed Name |
| | Address |

Email Address

City/State/Zip

Telephone Number (include area code)

| | ANGE OF NAME | | | (Present Name) | | |
|--|-------------------------|---------------------------------------|--------------------------------|----------------------|---------------------------------------|--|
| то | | | (Pogueted Name) | | | |
| CASE NO. | · | | (Requested Name) | | | |
| | APPLICA | | SHANGE OF 717.02 and 2717.0 | NAME OF ADU | ILT | |
| Applicant is an adult and has been a bona fide resimmediately prior to the filing of this application. | | dent of | County, Ohio, | for at least 60 days | | |
| Applicant req | quests a change of n | ame from | First | Middle | Last | |
| 4- | | | | ivildale | Last | |
| toFirst | | Middle | | Last | | |
| f 41 f - 11 | * | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ۸ می مطالعات الله ا | a accompant of this Amo | liantian in attacha | لم | | | |
| An allidavit ir | n support of this App | nication is attached | u. | | | |
| Attorney for A | Applicant | | Applicant's | Signature | | |
| , morney 101 , | приосп | | , tppca.ii. c | oigilatai o | | |
| Typed or Prir | nted Name | · · · · · · · · · · · · · · · · · · · | Typed or Pr | inted Name | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| Address | | | Address | | | |
| | | | | | | |
| City | State | Zip | City | State | Zip | |
| Telephone N | lumber (include area | code) | Telephone I | Number (include area | code) | |
| r cicpilone N | idinoci (include alea | 1 00uc) | i ciepnone i | Tambol (moldde alea | 0000) | |
| | | | | | | |
| Email Addres | ss | | Email Addre | ess | | |

FORM 21.0 - APPLICATION FOR CHANGE OF NAME OF ADULT

Amended: January 1, 2023 Discard all previous versions of this form

PROBATE COURT OF BUTLER COUNTY, OHIO

| IN THE MATTER OF: | |
|---|--|
| CASE NO. | |
| | APPLICATION ADDENDUM [TO BE COMPLETED WITH APPLICATION] |
| Please check the applicable This is the original contents | e box: ontact information for this case. |
| | ontact information for this case. Only the information that has changed is All other information remains the same as shown on the original contact |
| Attorney for Applicant(s) | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Fax Number | |
| Email Address | |
| Attorney's Registration No. | |
| Applicant's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| Co-Applicant's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |

| | CASE NO |
|---------------------------|-----------------|
| APPLICATION ADDEND | OUM (Continued) |
| Additional Party's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| Additional Party's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| | |
| Additional Party's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| Additional Party's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| | |
| Additional Party's Name | |
| Street Address | |
| City, State, and Zip Code | |
| Telephone Number | |
| Email Address | |
| | |

| TO | : CHANGE OF NAME OF(Present Name) | |
|---------|---|----------|
| | (Requested Name) | |
| | AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT [R.C. 2717.06] | |
| State o | f Ohio } } SS | |
| County | of} } | |
| The un | dersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and owing: | verifies |
| Check | all that apply: | |
| 1. [| Applicant has been a bona fide resident of, County, Ohio, for at I sixty (60) days immediately prior to the filing of the Application; | east |
| 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 fraud; | identity |
| 5. [| Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Application NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a soriented offense or a child-victim-oriented offense; | |
| Any ot | ner information relevant to the Application | |
| All doc | umentary evidence submitted with the Application is true, accurate, and complete. | |
| | Applicant | |
| Sworn | to before me and subscribed in my presence theday of | |
| | Notary Public/Deputy Clerk | |

FORM 21.01 – AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT

Effective Date: January 1, 2023

| IN RE: CHANGE OF NAME OF | | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|---------------------------------------|--|--|--|
| то | (Present Name) | | | | |
| CASE NO. | (Requested Name) | | | | |
| JUDGMEN | T ENTRY SETTING HEARING AND ORDERING NOTICE [R.C. 2717.08 and 2717.14] | | | | |
| The Court sets the Application for Charat M. | nge of Name in this case for hearing on | , 20 | | | |
| The Court orders the Applicant to serve have not waived notice: | e a Notice of Hearing in the following manner on all nece | essary parties who | | | |
| By certified mail, return receipt re | quested | | | | |
| ☐ By personal service | | | | | |
| ☐ By publication once in a newspap | er of general circulation in this county at least 30 days be | efore the hearing | | | |
| Other: | | | | | |
| | | | | | |
| | | | | | |
| Applicant shall file proof of service with | the Court before the hearing. | | | | |
| Date | Probate Judge | | | | |

| IN RE: CHANGE OF NAME OF | F | | | |
|--|---|--|---|--|
| TO. | (Present Name) (Requested Name) | | | |
| CASE NO. | (Requested Name) | | | |
| JUDGMENT I | ENTRY - CHAN [R.C. 271 | | OF ADULT | |
| On | an application for cha proof that the facts in of birth was | ange of name was hea the application show | ard by this Court. The Court finds reasonable and proper cause for, and | |
| City | Co | unty | State | |
| Therefore, it is ORDERED the name o | fFirst | Middle | Last | |
| be changed to | | | | |
| First | Middle | Last | | |
| | | Probate Judge | | |
| CER | TIFICATION O | F JUDGMENT | ENTRY | |
| The above Judgment Entry - 0 of the records of this Court. | Change of Name of Ad | | e original kept by me as custodian | |
| | | | , Probate Judge | |
| (Seal) | | By: Deputy Clerk | | |
| | | Date | | |

FORM 21.1 - JUDGMENT ENTRY - CHANGE OF NAME OF ADULT

| IN RE: CHANGE OF NAME OF | | | | |
|---|-------------------------------|---------------------------|-------------|----------|
| (Present Name) | | | | |
| TO | (Reques | sted Name) | | |
| NOTICE | OF HEARING [R.C. 2717.08 a | ON CHANGE OF and 2717.14] | NAME | |
| Applicant gives notice that the Applicant | | - | in this | |
| Court requesting the change of name of | First | Middle | | Last |
| to | Middle | Last | | |
| A hearing on the Application will be held | | | , at | o'clockM |
| in the Probate Court of | | , County, located at | | |
| | | · | | |
| | | Applicant's Signature | | |
| | | Typed or Printed Na | me | |
| | | Address | | |
| | | City | State | Zip |

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

Email Address

FORM BCPC21.5 - NOTICE OF HEARING ON CHANGE OF NAME

Webcheck Fingerprint Information

Please mark type(s) requested: **BCI - State Of Ohio** Date: FBI - National First Middle Last Date of Birth Social Security # Sex Race Height Eyes Weight Hair **Current Address** Telephone Number State City 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) Occupational Therapy, Physical Therapy Ohio Veterinary Medical None Ohio Dept. of Insurance and Athletic Trainers Board Licensing Board Ohio Board of Nursing Ohio Dept. of Liquor Control **BMV Dealer Licensing OPOTA** Ohio Board of Pharmacy Ohio Dept. of Public Safety Social Worker Board - CSWMFT **BMV Deputy Registrar** State Speech & Hearing Ohio Medical Board Child Care Center - Type A- ODJFS Ohio Construction Board Professionals Board State Vision Ohio Dept. of Education Lottery Commission Ohio State Racing Commission 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.