

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.
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. _____

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 _____

APPLICATION ADDENDUM (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 _____

PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)

TO _____
(Requested Name)

CASE NO. _____

NOTICE OF HEARING ON CHANGE OF NAME
[R.C. 2717.08 and 2717.14]

Applicant gives notice that the Applicant has filed an Application for Change of Name in this

Court requesting the change of name of _____
First Middle Last
to _____
First Middle Last

A hearing on the Application will be held on _____, 20____, at _____ o'clock ____ M.
in the Probate Court of _____, County, located at
_____.

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Email Address

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.

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.