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

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, at Butler County Probate Court Web site.
6. 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.
7. The Court will hold me to the same standards that apply to attorneys and personas represented by attorneys in similar probate proceedings.
8. 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.
9. 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.
10. 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.
11. 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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

APPLICATION ADDENDUM
[TO BE COMPLETED WITH APPLICATON]

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 _____

CASE NO._____

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. _____

AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT

[R.C. 2717.06]

State of Ohio }
} *SS*
County of _____ }

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_____

_____

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 - 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

Print

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 _____

No O.R.C. Code - Other Name Change

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)***

Judge John M. Holcomb, Butler County Probate Court

Recipient Name

101 High Street, Second Floor

Recipient Address

Hamilton (City) Ohio (State) 45011 (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.

Print