

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

Address

City, State, Zip Code

- The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of Parent 2 or the alleged father is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address but cannot locate this individual.
- There is no person alleged to be the father/Parent 2 of the minor.

An Affidavit in support of this Application is attached.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Email Address

Email Address

Attorney Registration No. _____

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. _____

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

State of Ohio }
County of _____ } SS
}

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

Check all that apply:

1. Applicant is the parent legal guardian legal custodian guardian ad litem of the minor;
2. The minor has been a bona fide resident of _____, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
3. The Application is not made for the purpose of evading any creditors or other obligations;
4. The minor has not been adjudicated a delinquent child for identity fraud;
5. The minor does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the minor was NOT 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. _____

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.

