# 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 MINOR

**[R.C. 2717.01]**

Applicant is the ☐ Parent ☐ Legal Guardian ☐ Legal Custodian ☐ Guardian ad Litem of the minor. The minor has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application. Applicant requests a change of the name of the minor from

_____
First Middle Last

to _____.
First Middle Last

The reason for requesting this name change is:_____

_____

_____

_____

A certified copy of the minor's birth certificate is attached.

The name and address of Parent 1 of the minor is:

_____
Name

_____
Address

_____
City, State, Zip Code

☐ The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.

☐ Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address but cannot locate this individual.

The name and address of ☐ Parent 2 or ☐ the alleged father of the minor is:

_____
Name

**CASE NO. _____**

_____
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
## 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 MINOR

**[R.C. 2717.06]**

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

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 THE MATTER OF THE NAME OF** _____
**Minor's Present Legal Name**

**CASE NO.** _____

## AFFIDAVIT FOR UNKNOWN ADDRESS OF A PARENT

**STATE OF OHIO** )
) **SS:**
**COUNTY OF** BUTLER )

The Applicant, being first duly sworn and cautioned, deposes and says that the address of _____ , the biological _____ of the above named minor is unknown and cannot with reasonable diligence be ascertained and that _____ is free from disability other than minority.

Affiant states that the last known address of _____ is _____ and that he/she has attempted to locate him/her by:

**[Check all that apply]**

☐ Mailed correspondence to the last known address that was returned by the post office as undeliverable

☐ Personally went to the last known address and verified that he/she no longer resides at said address

☐ Contacted relative(s)

☐ Contacted friend(s)

☐ Contacted current employer or last known employer

☐ Contacted Child Support Enforcement Agency

☐ Other: _____

_____
Affiant

This Affidavit was sworn to before me in my presence by _____ on _____ , _____ .

_____
Notary Public

_____
Typed or Printed Name

Commission Expiration Date _____

# 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
## CHANGING NAME OF MINOR
**[R.C. 2717.09]**

On _____, an Application for Change of Name of Minor was heard by this Court. The Court finds that all parties entitled to notice, e.g., legal parents, parent, father, or alleged father, either have waived notice of hearing and consented to the Application or were properly served and failed to object to the Application. The Court finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the minor's name as requested.

The Court finds the minor's complete name at birth was _____. The minor'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

_____ _____
Date Probate Judge

## CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry Changing Name of Minor 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

**FORM 21.3 - JUDGMENT ENTRY CHANGING NAME OF MINOR**

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



PRINT

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

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

**TO**_____
**(Requested Name)**

**CASE NO.** _____

## CONSENT TO CHANGE OF NAME
**[R.C. 2717.14]**

The undersigned _____

**[check one of the following 2 capacities by which your consent is given]**

☐ Parent
☐ Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of name of _____

to _____

as proposed in the Application.

_____

Sworn to before me and signed in my presence this _____ day of _____, _____.

_____
Deputy Clerk/Notary Public

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

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

**TO**_____
**(Requested Name)**

**CASE NO.** _____

## CONSENT TO CHANGE OF NAME
**[R.C. 2717.14]**

The undersigned _____

**[check one of the following 2 capacities by which your consent is given]**

☐ Parent
☐ Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of name of _____

to _____

as proposed in the Application.

_____

Sworn to before me and signed in my presence this _____ day of _____, _____.

_____
Deputy Clerk/Notary Public