

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.butlercountyprobatecourt.org
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 THE MATTER OF THE NAME OF _____
Present Legal Name

CASE NO. _____

APPLICATION FOR CHANGE OF NAME OF ADULT
[R.C. 2717.02 and 2717.03]

Applicant requests a change of name from _____
to _____.

The reason for requesting this name change is: _____

_____.

Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule also accompanies this Application.

Attorney for Applicant

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Attorney Registration No.

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

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 THE MATTER OF THE NAME OF _____
Present Legal 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 Applicant, being first duly sworn and cautioned according to law, states the following:

- 1) Applicant has been a bona fide legal resident of this county for a period of at least 60 days;
- 2) The Application is not being 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 and does not have a duty to comply with R.C 2950.04 or 2950.041 because the Applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense;
- 5) All documentary evidence submitted with the Application is true, accurate and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are true and complete.

Date

Applicant

This Affidavit was sworn to before me, with oath or affirmation administered, and signed in my presence by _____ on _____, 20____. This notarial certificate is a jurat under Ohio law.

Notary Public

Typed or Printed Name

Commission Expiration Date _____

WEBCHECK FINGERPRINT INFORMATION

Please mark type(s) requested:

BCI – STATE OF OHIO

FBI - NATIONAL

Date: _____

LAST FIRST MIDDLE

DATE OF BIRTH RACE SOCIAL SECURITY #

CURRENT ADDRESS TELEPHONE #

CITY STATE ZIP CODE

O.R.C. 2717.19 **BCI – 271719 and FBI – 271719**

TYPE OF JOB/SCHOOLING *(Reason for fingerprinting)*

OHIO RESIDENT MORE THAN 5 YEARS YES NO

ELECTRONIC DIRECT COPY TO: *(check only if applicable)*

NONE	OHIO DEPT PUBLIC SAFETY
OHIO BOARD OF NURSING	OHIO PEACE OFFICER TRAINING
OHIO DEPT OF EDUCATION	OHIO DEPT OF INSURANCE
OHIO DEPT LIQUOR CONTROL	OHIO RACING COMMISSION

RESULTS MAIL 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 **Ohio** **45011**
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 _____ 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.**

Agency Use Only: _____

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

IN THE MATTER OF THE NAME OF _____
Present Legal Name

CASE NO. _____

JUDGMENT ENTRY
CHANGING NAME OF ADULT
[R.C. 2717.09]

Upon the Application for Change of Name of Adult, the Court finds that the Application is properly supported by all documentation required by Local Rule and the Applicant's Affidavit required in R.C. 2717.06. The Court further finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the Applicant's name as requested.

Therefore, the Court orders that the Applicant's legal name be changed as follows:

Applicant's name at birth: _____

Applicant's current legal name: _____

Applicant's new legal name: _____

Applicant's date of birth: _____

State where birth record was issued: _____

Applicant is required to send a certified copy of this Judgment Entry to the vital statistics office in the state that issued the Applicant's birth record.

Date

Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry Changing 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