#### 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 selfinterest 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
T 15' ( 1N
Typed Printed Name
Address
City/State/Zip
Telephone Number (include area code)
Email Address

Email Address

ror of Applicant's legal name exists on one or more of his or he plicant's chain of identity. This Application provides the necessary
the punty for at least 60 days immediately before filing this Application for of Applicant's legal name exists on one or more of his or he blicant's chain of identity. This Application provides the necessary or error and the corrections needed to conform Applicant's legal
plicant's chain of identity. This Application provides the necessary rerror and the corrections needed to conform Applicant's lega
Widowed Divorced D Separated
Widowed Divorced Diseparated
ng, inconsistent, or other error: [Check all that apply]
iage Record
e-issued Identification Card
al Security Card
entity document(s) marked above is described below:
ment:
ment:

FORM 21.7 - APPLICATION TO CONFORM LEGAL NAME OF ADULT

Middle

Last

#### [Reverse of Form 21.7]

			CASE NO			
☐ Check this b	ox if more than two offic	ial identity docum	ents are affected and	attach the information	on a separate pa	ıge.
	e and the same person reing, inconsistency, or ot					
An Affidavit in s	upport of this Applicatior	is attached.				
All of the docum	nentary evidence require	d by Local Rule o	r court order also acc	ompanies this Applicati	on.	
	sts the Court to issue an wledges this application				cribed in this Ap	olication.
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 Nun	Telephone Number (include area code)			
Email Address			Email Address			
Attorney Registi	ration No.					

### PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF:	
CASE NO.	
	APPLICATION ADDENDUM [TO BE COMPLETED WITH APPLICATION]
Please check the applicable This is the original c	e box: ontact information for this case.
	ontact information for this case. Only the information that has changed is . All other information remains the same as shown on the original contact
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 ADDEN	DUM (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				

IN RE: CHANGE OF NAME OF	(Present Legal Name)
TO	(Flesent Legal Name)
CASE NO.	(Requested Conformed Legal Name)
	IN SUPPORT OF APPLICATION ORM LEGAL NAME OF ADULT [R.C. 2717.06]
State of Ohio }	SS
County of } 3	
	oplication to Conform Legal Name of Adult, deposes, says, and
1. Applicant has been a bona fid	de resident of this county for a period of at least 60 days;
2. The Application is not being m	nade for the purpose of evading any creditors or other obligations;
3. Applicant is not a debtor in an	ny currently pending bankruptcy proceeding;
4. All documentary evidence sub	omitted with the Application is true, accurate, and complete.
The Applicant certifies under penalty complete.	of perjury that the statements in this Affidavit are accurate and
Date	Applicant
Sworn to before me and subscribed in r	my presence the day of
	Notary Public/Deputy Clerk
	Typed or Printed Name
	Commission Expiration Date

FORM 21.07 - AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM LEGAL NAME OF ADULT

#### RELEASE FOR CRIMINAL BACKGROUND CHECK

I understand that, as a result of making an application to change or conform my name, I am hereby authorizing and requesting the Probate Court, its agents, and its authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law-enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED	
	Printed Name
	Signature
	Social Security Number

FORM 21.14 - RELEASE FOR CRIMINAL BACKGROUND CHECK

то		(Present Name)			
CASE NO.	(Requested Conform	ed Legal Name)			
JUDGMENT EN	TRY CONFORMIN [R.C. 2717.		. NAME OF AD	OULT	
This matter came before the Court for Court finds there is sufficient proof that official identity document indicated bel discrepancy and to conform the Application	t a misspelling, inconsistency ow, and that reasonable and	, or other error	of the Applicant's legal	I name exists on the	
Official identify document that requires	conformity of misspelling, inc	onsistency, or o	other error:		
☐ Driver's License	☐ Marriage F	☐ Marriage Record			
☐ Divorce Decree	☐ State-issu	☐ State-issued Identification Card			
☐ Passport	☐ Social Sec	☐ Social Security Card			
☐ Other					
Name that needs conformed on docum	ent(s):				
Conformed legal name to be stated on	the document(s):	M	iddle	Last	
The Court finds that, despite the name of the Court orders that Applicant's name with Applicant's other official identity do	discrepancy, this official identit on this official identity docum	ty document ide	entifies one and the sam	e person. Therefore	
The Court further Orders that Applicant	's conformed legal name is: _	First	Middle		
This Order shall not be used to correct	the birth record.	FIISL	Middle	Last	
		John M. Hol	comb, Probate Judge		
CERT	TIFICATION OF JU	DGMENT	ENTRY		
The above Judgment Entry Confirming records of this Court.	Legal Name of Adult is a true	copy of the ori	ginal kept by me as cus	stodian of the	
(Seal)		Deputy Clerk			
		Date			

FORM 21.8 - JUDGMENT ENTRY CONFORMING LEGAL NAME OF ADULT

Effective Date: January 1, 2023