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 www.probatecourt@bcohio.gov.
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: THE NAME OF_____
(Present Name)

TO _____
(Requested Conformed Legal Name)

CASE NO. _____

APPLICATION TO CONFORM LEGAL NAME OF ADULT
[R.C. 2717.04 AND 2717.05]

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

Applicant states that a misspelling, inconsistency, or other error of Applicant's legal name exists on one or more of his or her official identity documents, which causes a discrepancy in Applicant's chain of identity. This Application provides the necessary information to explain the misspelling, inconsistency, or other error and the corrections needed to conform Applicant's legal name on all official identity documents.

Applicant's Information:

Present name: _____

Address: _____

Marital Status: ☐ Never married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Name at birth: _____

Date of birth: _____

State where birth record was issued: _____

The following official identify documents(s) contain a misspelling, inconsistent, or other error: *[Check all that apply]*

☐ Driver's License
☐ Marriage Record
☐ Divorce Decree
☐ State-issued Identification Card
☐ Passport
☐ Social Security Card
☐ Other _____

The misspelling, inconsistency, or other error on the official identity document(s) marked above is described below:

Official identity document: _____

Name that needs conformed on this document: _____

Conformed legal name that should be stated on this document: _____

Official identity document: _____

Name that needs conformed on this document: _____

Conformed legal name that should be stated on this document:_____

Requested conformed legal name: _____
First Middle Last

CASE NO._____

☐ Check this box if more than two official identity documents are affected and attach the information on a separate page.

Applicant is one and the same person referenced in each of the official identity documents, despite the name discrepancy. But for the misspelling, inconsistency, or other error identified above, there would not be any discrepancy in Applicant's chain of identity.

An Affidavit in support of this Application is attached.

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

Applicant requests the Court to issue an order conforming Applicant's legal name in the manner described in this Application. Applicant acknowledges this application will not be used to correct the birth record.

_____	_____
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 Legal Name)

TO_____
(Requested Conformed Legal Name)

CASE NO. _____

AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM LEGAL NAME OF ADULT

[R.C. 2717.06]

State of Ohio }
} *SS*
County of Butler }

The undersigned, in support of the Application to Conform Legal Name of Adult, deposes, says, and verifies the following:

1. ☐ Applicant has been a bona fide 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. ☐ 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 accurate and complete.

_____ _____
Date Applicant

Sworn to before me and subscribed in my presence the _____ *day of* _____

_____
Notary Public/Deputy Clerk

_____
Typed or Printed Name

Commission Expiration Date_____

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

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

PRINT

PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, JUDGE

IN RE: THE NAME OF_____
(Present Name)

TO _____
(Requested Conformed Legal Name)

CASE NO. _____

JUDGMENT ENTRY CONFORMING LEGAL NAME OF ADULT

[R.C. 2717.10]

This matter came before the Court for hearing on _____, on an Application to Conform Legal Name of Adult. The Court finds there is sufficient proof that a misspelling, inconsistency, or other error of the Applicant's legal name exists on the official identity document indicated below, and that reasonable and proper cause exists for issuing this order to resolve the discrepancy and to conform the Applicant's legal name.

Official identify document that requires conformity of misspelling, inconsistency, or other error:

- ☐ Driver's License
- ☐ Marriage Record
- ☐ Divorce Decree
- ☐ State-issued Identification Card
- ☐ Passport
- ☐ Social Security Card
- ☐ Other _____

Name that needs conformed on document(s):_____

Conformed legal name to be stated on the document(s): _____
First Middle Last

The Court finds that, despite the name discrepancy, this official identity document identifies one and the same person. Therefore, the Court orders that Applicant's name on this official identity document is deemed conformed as stated above to be consistent with Applicant's other official identity document(s).

The Court further Orders that Applicant's conformed legal name is: _____
First Middle Last

This Order shall not be used to correct the birth record.

_____
John M. Holcomb, Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry Confirming Legal Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

(Seal)

_____
Deputy Clerk

_____
Date