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, <u>www.butlercountyprobatecourt.org</u>
- 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

BCPC FORM 638 - SELF-REPRESENTATION ACKNOLWEDGMENT

Rev. 12/01/2022

JOHN M. HOLCOMB, JUDGE

IN RE: THE NAME OF______(Present Name)

то_____

CASE NO. _____

Minor's Information:

(Requested Conformed Legal Name)

APPLICATION TO CONFORM LEGAL NAME OF MINOR [R.C. 2717.04, 2717.05, and 2717.13]

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

The minor has been a bona fide resident of this county for at least 60 days immediately before filing this Application.

Present name: Address: Name at birth: _____ Date of birth: _____ State where birth record was issued: Applicant's relationship to the minor is: Guardian ad Litem Parent Legal Guardian Legal Custodian 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:

FORM 21.9 - APPLICATION TO CONFORM LEGAL NAME OF MINOR

CASE NO.____

Name		
Address		
City, State, Zip Code		
The Waiver of Notice of H	learing and Consent of Parent 2 or the al	leged father accompanies this Application.
	address of Parent 2 or the alleged fathe sonable effort to find the current address	er is unknown. Applicant has exercised all due but cannot locate this individual.
There is no person alleged	d to be the father of the minor.	
The following official identify documents	s(s) contain a misspelling, inconsistency,	or other error: [Check all that apply]
Social Security Card	Driver's License	
Passport	State-issued Identifica	ation Card
☐ Other		
The misspelling, inconsistency, or othe	r error on the official identity document(s)) marked above is described below:
Official identity document:		
-		
Conformed legal name that should	be stated on this document:	
Official identity document:		
Name that needs conformed on thi	is document:	
Conformed legal name that should	be stated on this document:	
Paguastad conformed legal name:		
Requested conformed legal name: First	st Middle	Last
\Box Check this box if more than two offic	cial identity documents are affected and a	attach the information on a separate page.
		documents, despite the name discrepancy. Bu not be any discrepancy in the minor's chain o
An Affidavit in support of this Applicatio	n is attached.	
All of the documentary evidence require	ed by Local Rule or court order also acco	ompanies this Application.
The Applicant will serve Notice of the H R.C. 2717.14.	learing on any nonconsenting parent or a	alleged father as the Court requires pursuant to
	n order conforming the minor's legal name entity are consistent on all of his or her off	e in the manner described in this Application so ficial identity documents.

Attorney for Applicant

Applicant's Signature

CASE NO.____

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 Regis	tration No				

FORM 21.9 - APPLICATION TO CONFORM LEGAL NAME OF MINOR

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: THE NAME OF_____

CASE NO. _____

TO______(Requested Conformed Legal Name)

(Present Name)

AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM LEGAL NAME OF MINOR [R.C. 2717.06]

State of Ohio

} SS County of

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

Check all that apply:

- 1. Applicant has personal knowledge of the facts stated in this Affidavit;
- 2. The minor has been a bona fide legal resident of this county for a period of at least 60 days;
- 3. The Application is not being made for the purpose of evading any creditors or other obligations;
- 4. The minor is not a debtor in any currently pending bankruptcy proceeding;
- 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 accurate and complete.

Date

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

Notary Public/Deputy Clerk

Typed or Printed Name

Commission Expiration Date_____

FORM 21.09 – AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM LEGAL NAME OF MINOR

Effective Date: January 1, 2023

Applicant

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

JOHN M. HOLCOMB, JUDGE

IN RE: THE NAME OF______(Present Name)

TO_____(Requested Conformed Legal Name)

CASE NO. _____

CONSENT TO NAME CONFORMITY [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 to Conform Legal Name and consents to the conformed legal name of: ______

to_____

as proposed in the Application.

Sworn to before me and signed in my presence this _____ day of _____,20____.

Deputy Clerk/Notary Public

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

IN RE: THE NAME OF______(Present Name)

то_____

(Requested Conformed Legal Name)

CASE NO. _____

NOTICE OF HEARING ON CONFORMING LEGAL NAME [R.C. 2717.08 and 2717.14]

Applicant gives notice that the Applicant has filed an Application to Conform Legal Name in this Court requesting Last in one or more official identity documents. A hearing on the Application will be held on _____, 20___, at _____M. in the Probate Court of _____, County, Ohio 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.

FORM 21.12 - NOTICE OF HEARING ON CONFORMING LEGAL NAME

JOHN M. HOLCOMB, JUDGE

IN RE: THE NAME OF_____

(Present Name)

CASE NO. _____

TO ______ (Requested Conformed Legal Name)

JUDGMENT ENTRY CONFORMING LEGAL NAME OF MINOR [R.C. 2717.10]

This matter came before the Court for consideration of an Application to Conform Legal Name of Minor. Upon review of all the evidence presented, the Court finds there is sufficient proof that a misspelling, inconsistency, or other error of the minor'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 minor's legal name.

Official identity document(s) that requires conformity of misspelling, inconsistency, or other error:

Social Security Card Driver's License State-issued Identification Card

□ Passport

Other_____

Name that needs conformed on document(s):_____

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

The Court further orders that minor's conformed legal name is:			
	First	Middle	Last

It is so ordered.

Date

John M. Holcomb, Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

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

(Seal)

		, Probate Judge
By:		
	Deputy Clerk	

Middle

Date

FORM 21.10 - JUDGMENT ENTRY CONFORMING LEGAL NAME OF MINOR

Last