

NAME CHANGE INTAKE FORM

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
2. If a particular question does not apply, enter "n/a". If you do not know the answer, enter "unknown."
3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: _____

Client Name: _____ Soc. Sec. No.: _____

What do you want your name changed to: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Cell/Home Phone: _____

E-mail Address: _____

A. CLIENT INFORMATION: (BIOLOGICAL AND/OR ADOPTED PARENT(S) INFORMATION)

BIOLOGICAL FATHER:

Name: _____

BIOLOGICAL MOTHER:

Name: _____ Maiden Name: _____

ADOPTED FATHER:

Name: _____

ADOPTED MOTHER:

Name: _____ Maiden Name: _____

B. SPOUSE'S INFORMATION:

Name: _____

Home Address: _____

DOB: _____ State of Birth: _____

C. MARITAL INFORMATION:

Date of Marriage: _____

Place of Marriage: _____

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

D. CHILDREN'S INFORMATION

Do you have any minor children? _____

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___ Yes - If Yes, please describe: ___

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes - If Yes, please describe: _____

E. FORMER NAMES

[Choose **all** that apply]

My name has never been changed **by a court**.

My name previously was changed **by court order** from _____ to _____ on _____ {date} ,by _____ {court, city, and state} .

(Attach a copy of the court order).

My name previously was changed **by marriage** from _____ to _____ on _____ {date} , in _____ {city, county, and state} .

(Attach a copy of the marriage certificate).

I have never been known or called by any other name.

I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}

F. OCCUPATION

My occupation is: _____.

I am employed at: _____ {company and address}.

During the past 5 years, I have had the following jobs:

Dates (to/from) Employer and employer's address

_____/_____

_____/_____

_____/_____

_____/_____

_____/_____

(_____ Please indicate here if you are continuing these facts on an attached page.)

G. BUSINESS

[Choose **one** only]

___ I do not own and operate a business.

___ I own and operate a business. The name of the business is: .

The street address is: _____.

My position with the business is: _____.

H. EDUCATION

I have graduated from the following school(s):

Degree Date Received School

(_____ Please indicate here if you are continuing these facts on an attached page.)

I. CRIMINAL HISTORY

[Choose **one** only]

___ I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

___ I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are: _____

Date City/State Event (arrest, charge, plea, or adjudication)

(_____ Please indicate here if you are continuing these facts on an attached page.)

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

Disclosure Declaration

I declare under penalty of perjury that the foregoing information provided is true and correct and that I have answered all questions to the best of my knowledge, information, and belief. If it is discovered that I have failed to disclose any and all of the requested information to my attorney, I understand that I may be liable for additional attorney's fees and my petition may be denied.

Date _____

CLIENT