

THE POCKET LAWYER[®]

Document Preparation Service

/// Workbook ///

✍️ “We Help You Help Yourself” ✍️

NAME CHANGE - CALIFORNIA



PART "A"

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Document Preparation Service Workbook

“Self-Help” Series

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Name Change Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint questions, put an “H” before husband’s information and a “W” before wife’s information. Today’s date _____
 If more space is needed, use the space below or attach blank pages.

1	Your first name (Petitioner)(Present Name)	Middle	Last	
2	Social Security #	Date of Birth		
3	Street Address	City	State	Zip
4	County of residence	How long have you lived in that County		
5	Mailing Address (if different)			
6	Telephone, home	Telephone, business		
7	Resident of California for how long?			
8	Is this Name Change for <u>you</u> (Petitioner)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9	Is this Name Change for <u>your</u> minor child or children under the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10	Is this Name Change for a minor child or children under the age of 18, that you are the <u>Guardian</u> of? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete This Section if the Name Change is for You (Petitioner)				
11	Present Name			
12	(Changed to) Proposed Name			
13	Date of Birth	Place of Birth		
14	Sex (as stated on original birth certificate) <input type="checkbox"/> Male <input type="checkbox"/> Female			
15	Race/ Ethnicity: (used by the County Probation Department to search the criminal history information data system)			
16	California Driver License or ID #			
17	Current Residence Address Street	City	State	Zip
18	Reason for Name Change (<i>explain</i>)			

Name Change Client Questionnaire (continued)	
19	Are you under the jurisdiction of the California Department of Corrections (in state prison or on parole) <input type="checkbox"/> Yes <input type="checkbox"/> No
20	Are you required to register as a sex offender under Penal Code section 290 <input type="checkbox"/> Yes <input type="checkbox"/> No
21	Are you currently a party in a lawsuit, <u>or</u> do you have a judgment against you <u>or</u> are currently in a Bankruptcy proceeding <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain below)
If additional space is needed, number and insert below.	
Complete This Section if the Name Change is for a Minor Under 18 Years of Age	
22	What is your (petitioner's) relationship to the person whose name will be changed: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (if court appointed, name court): <input type="checkbox"/> Near Relative (indicate relationship): _____ <input type="checkbox"/> Other (<i>specify</i>): _____
	If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:
23	Father (Name) Address
24	Mother (Name) Address
25	Only if <u>neither</u> parent is living, give information about near relatives: Relative (Name) _____ Relationship _____ Address _____
26	Relative (Name) _____ Relationship _____ Address _____
27	Relative (Name) _____ Relationship _____ Address _____
28	Relative (Name) _____ Relationship _____ Address _____
	Complete the following for <u>each</u> person whose name will be changed that is under 18 years of age: (if more than (3) persons, attach additional sheets)
29	(1) Present Name
30	(Changed to) Proposed Name
31	Date of Birth _____ Place of Birth _____

Name Change Client Questionnaire (continued)

32	Reason for Name Change (<i>explain</i>)
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33	(2) Present Name
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34	(Changed to) Proposed Name
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35	Date of Birth	Place of Birth
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36	Reason for Name Change (<i>explain</i>)
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37	(3) Present Name
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38	(Changed to) Proposed Name
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39	Date of Birth	Place of Birth
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40	Reason for Name Change (<i>explain</i>)
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If additional space is needed, number and insert below.

Name Change Client Questionnaire (continued)					
41	<p>If the person or persons whose name(s) will be changed is under 18 years of age, the request to change the name is being made by:</p> <p><input type="checkbox"/> Both Mother and Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Guardian (name) <input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> Near Relative (only if both father and mother are deceased)(name and relationship)</p>				
42	<p>If the petition is signed by a guardian, state information regarding the guardianship, the likelihood that the child will remain under the guardian's care until the child reaches the age of majority and information suggesting that the child will not likely be returned to the custody of his or her parents:</p>				
43	<p>If the petition is signed by a guardian, state the name and address of any living parent:</p> <p>Father: Living? <input type="checkbox"/> No <input type="checkbox"/> Yes Address _____</p> <p>Mother: Living? <input type="checkbox"/> No <input type="checkbox"/> Yes Address _____</p>				
44	<p>If the petition is signed by a guardian and either or both parents are deceased or cannot be located, state the name and address of the child's grandparents, if living:</p> <p>Grandfather: Living? <input type="checkbox"/> No <input type="checkbox"/> Yes Address _____</p> <p>Grandmother: Living? <input type="checkbox"/> No <input type="checkbox"/> Yes Address _____</p>				
45	<p>Do you want us to file your Name Change papers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
46	<p>Do you want us to make copies and conform the papers for filing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
47	<p style="text-align: center;"><u>This Acknowledgement must be signed by Petitioner</u></p> <p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own Name Change and want the POCKET LAWYER[®] Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are filed. I understand that the POCKET LAWYER Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal matters and act as my own attorney, but that the advice of an attorney may be necessary. The POCKET LAWYER encourages attorney participation and will provide a list of attorney referrals, at my request.</p> <p>I hereby relieve the POCKET LAWYER from any liability whatsoever, regarding this name change matter, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>				
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