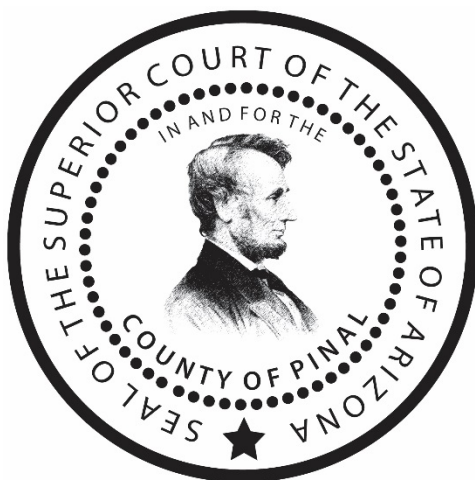


# **NAME CHANGE FOR A MINOR CHILD**



## **PINAL COUNTY**

**TO MAKE A REQUEST FOR A CHANGE OF NAME  
FOR A MINOR CHILD**

### **INSTRUCTIONS AND FORMS**

**Provided as a Public Service by  
Rebecca Padilla  
Clerk of the Superior Court**

# APPLICATION FOR CHANGE OF NAME OF A MINOR CHILD

## CHECKLIST

**USE THE FORMS AND INSTRUCTIONS** in this packet only if the following factors apply to your situation:

√ You want to ask the court to change the name of a minor child,

**AND**

√ You are the parent or guardian of the child,

**NOTE:** For information regarding name changes that can be obtained without going to court, or to add a name to, or change a name on a birth certificate, please contact the Arizona Department of Health Services, Bureau of Vital Records at (602) 364-1237.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing.

## **PROCEDURES**

### **How to File For a Change of Name with This Court for a Minor Child**

#### **STEP 1: FILL OUT THE FORMS**

**USE BLACK INK ONLY. KEEP FORMS NEAT & CLEAN. DO NOT FOLD FORMS. DO NOT USE LINE PAPER WHEN INCLUDING ATTACHMENTS**

Fill out the *“Application for Change of Name for a Minor Child”*, *“Civil Cover Sheet”* and the *“Notice of Hearing Regarding Application for Change of Name”* (leave date, time and location blank).

#### **STEP 2: MAKE COPIES**

Make 2 copies of the *“Application for Change of Name for a Minor Child”*

#### **STEP 3: FILE THE PAPERS AT THE COURT**

**WHO: Who must file the *“Application for Name Change of a Minor Child”*?**

The Parent or Guardian of that child, or the attorney of the Parent or Guardian, must file the papers.

#### **GO TO THE CLERK OF COURT TO FILE YOUR PAPERS:**

Visit our website for office locations or feel free to give us a call.

#### **Contact Information for all Offices**

Toll Free: 888.431.1311 • Local: 520.509.3555 or 311 • Fax: 520.866.5320

[www.coscpinalcountyaz.gov/office.html](http://www.coscpinalcountyaz.gov/office.html)

**FEES:** Please check with the Clerk’s office for the current filing fee. The fee is payable to the Clerk of the Superior Court by cash, money order, visa or MasterCard or personal check with proper identification. If the filing fee is a hardship and you think a fee deferral is appropriate, ask the staff at the Customer Service Counter for an Application for Fee Deferral before you file your Petition.

**NOTE:** With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs)

**PAPERS:** Give your original application and all copies to the Clerk along with the filing fee. **Make sure the filing clerk conforms (stamps) all of your copies and returns them to you.**

#### **STEP 4: SCHEDULE YOUR HEARING AT THE TIME OF FILING**

After filing your application, the clerk will complete the ***“Notice of Hearing Regarding Application for Change of Name”*** to show the date (depending on your method of service), time, and place of your hearing. You must request copies of this form.

#### **STEP 5: NOTIFY ANY INTERESTED PARTY**

##### **WHO:**

You must notify the other parent of the minor child or both parents if you are the child’s guardian, about your request for name change and the scheduled hearing. If the child is 14 years or older, they must sign a notarized consent to the name change request, or attend the hearing.

##### **HOW TO NOTIFY:**

**If you know where your person(s) lives, you can do one of the following:**

1. IF THE PARENT(S) AGREES WITH YOUR REQUEST – Give each parent a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have the parent(s) complete the form entitled, ***“Consent of Parent to Name Change of a Minor Child and Waiver of Notice”*** and have it notarized. That document serves as your proof of notice. Bring the signed and notarized ***“Consent of Parent to Name Change of a Minor Child and Waiver of Notice”*** to the hearing.
2. IF THE PARENT(S) DOES NOT AGREE WITH YOUR REQUEST OR YOU ARE NOT SURE IF HE/SHE AGREES - Give the parent(s) a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have the person sign an ***“Acceptance of Service”***. That notarized form serves as the proof of notice. Bring the signed and notarized ***“Acceptance of Service”*** to the hearing; **OR,**
3. Send a copy of your application bearing the Clerk’s stamp and the ***“Notice of Hearing Regarding Application for Change of Name”*** showing the date, time, and place of hearing by certified mail/restricted delivery (return receipt requested). This must be done at least 30 days before the hearing. Proof of notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed ***“Affidavit of Service by Certified Mail”*** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

##### **If you do NOT know where the parent(s) lives:**

A Notice of Hearing that shows the date, time, and place of your hearing must be published once in a newspaper of general circulation in Pinal County at least 14 days before the hearing. This is called notice by publication.

If notice is by publication, you must complete a notarized statement explaining in detail what efforts you made to locate the person(s). Bring that statement with you to the hearing. The Court will not accept notification by publication unless diligent efforts have been made to locate the person for whom notification is required.

#### **STEP 6: ATTEND THE HEARING**

##### **WHO:**

The adult who is requesting a name change for the minor child **MUST** be present at the hearing. In addition, if the request is for a minor child who is 14 years or older, that child must either be present at the hearing or you may provide a notarized statement from the child consenting to the name change.

**BRING: These documents are required for your hearing:**

- 2 copies of ***“Order Changing Name for a Minor Child”***
- Photo identification for any person(s) who requests the change of name
- Certified copy of child’s birth certificate, parent’s certified copy of birth certificate or proof of naturalization or resident alien status (If applicable)
- A Clerk stamped copy of all filed documents
- Proof of Notice as described above in Step 5
- Notarized consent from the other parent or proof that the other parent was served with notice of the Application and the Notice of Hearing.
- Prior Name Change orders (If applicable)
- Order terminating parental rights of the other parent (if applicable)
- Adoption Decree (if applicable)
- Proof of Guardianship (if applicable)
- If the person requesting the change of name, or the child is not a United States citizen, his/her passport or proof of immigration status must also be provided at time of hearing.

**Always make sure that you make a copy of any documents you submit to the Court and keep those copies for your records.**

**AFTER THE HEARING**

If the Judge grants the name change(s), the Order Changing Name will be signed and you will be directed to the Customer Service Counter to receive a conformed copy of the Order.

You may need to purchase a certified copy of the Order to complete the change of name with other state and local government agencies.

Please check with the Clerk’s office for the current fee for purchasing a “Certified Copy” of the Order Changing Name. The fee is payable to the Clerk of the Superior Court by cash, money order, visa or MasterCard.

**In the Superior Court of the State of Arizona  
In and For the County of \_\_\_\_\_**

Case Number \_\_\_\_\_

**CIVIL COVER SHEET- NEW FILING ONLY**  
(Please Type or Print)

Plaintiff's Attorney \_\_\_\_\_

Attorney Bar Number \_\_\_\_\_

Plaintiff's Name(s): (List all)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff's Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All) \_\_\_\_\_

(List additional defendants on page two and/or attach a separate sheet)

**RULE 26.2 DISCOVERY TIER OR MONETARY RELIEF CLAIMED:**

**IMPORTANT: Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected.** State the monetary amount in controversy or place an "X" next to the discovery tier to which the pleadings allege the case would belong under Rule 26.2.

Amount Claimed \$ \_\_\_\_\_       Tier 1       Tier 2       Tier 3

**NATURE OF ACTION**

Place an "X" next to the **one** case category that most accurately describes your primary case. **Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected as indicated above.**

**TORT MOTOR VEHICLE:**

- Non-Death/Personal Injury\*
- Property Damage\*
- Wrongful Death\*

- Malpractice – Other professional\*
- Premises Liability\*
- Slander/Libel/Defamation\*
- Other (Specify) \_\_\_\_\_\*

**TORT NON-MOTOR VEHICLE:**

- Negligence\*
- Product Liability – Asbestos\*
- Product Liability – Tobacco\*
- Product Liability – Toxic/Other\*
- Intentional Tort\*
- Property Damage\*
- Legal Malpractice\*

**MEDICAL MALPRACTICE:**

- Physician M.D.\*       Hospital\*
- Physician D.O.\*       Other\*

**CONTRACTS:**

- Account (Open or Stated)\*
- Promissory Note\*
- Foreclosure\*

- Buyer-Plaintiff\*
- Fraud\*
- Other Contract (e.g., Breach of Contract)\*
- Excess Proceeds – Sale\*
- Construction Defects (Residential/Commercial)\*
  - Six to Nineteen Structures\*
  - Twenty or More Structures\*
- Credit Card Debt (Maricopa County Filings Only)\*

**OTHER CIVIL CASE TYPES:**

- Eminent Domain/Condemnation\*
- Eviction Actions (Forcible and Special Detainers)\*
- Change of Name
- Transcript of Judgment
- Foreign Judgment
- Quiet Title\*
- Forfeiture\*
- Election Challenge
- NCC – Employer Sanction Action (A.R.S. §23-212)
- Injunction against Workplace Harassment
- Injunction against Harassment
- Civil Penalty
- Water Rights (Not General Stream Adjudication)\*
- Real Property\*
- Special Action against Lower Courts  
(See lower court appeal cover sheet in Maricopa)
- Immigration Enforcement Challenge (A.R.S. §§1-501, 1-502, 11-1051)

**UNCLASSIFIED CIVIL:**

- Administrative Review  
(See lower court appeal cover sheet in Maricopa)
- Tax Appeal  
(All other tax matters must be filed in the AZ Tax Court)
- Declaratory Judgment
- Habeas Corpus
- Landlord Tenant Dispute – Other\*
- Declaration of Factual Innocence (A.R.S. §12-771)
- Declaration of Factual Improper Party Status
- Vulnerable Adult (A.R.S. §46-451)\*
- Tribal Judgment
- Structured Settlement (A.R.S. §12-2901)
- Attorney Conservatorships (State Bar)
- Unauthorized Practice of Law (State Bar)
- Out-of-State Deposition for Foreign Jurisdiction
- Secure Attendance of Prisoner
- Assurance of Discontinuance
- In-State Deposition for Foreign Jurisdiction
- Eminent Domain – Light Rail Only\*
- Interpleader – Automobile Only\*
- Delayed Birth Certificate (A.R.S. §36-333.03)
- Employment Dispute – Discrimination\*
- Employment Dispute – Other\*
- Verified Rule 45.2 Petition
- Other (Specify)\* \_\_\_\_\_

**EMERGENCY ORDER SOUGHT:**

- Temporary Restraining Order
- Provisional Remedy
- OSC
- Election Challenge
- Employer Sanction
- Other (Specify) \_\_\_\_\_

**COMMERCIAL COURT (Maricopa County Only)**

This case is eligible for the commercial court under Rule 8.1, and plaintiff requests assignment of this case to the commercial court. More information on the commercial court, including the most recent forms, are available on the court's website at <https://www.superiorcourt.maricopa.gov/commercial-court/>.

Additional Plaintiff(s)

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Additional Defendant(s)

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Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

APPLICATION FOR CHANGE OF NAME FOR A  
MINOR CHILD [351]

\_\_\_\_\_ A Minor

HONORABLE: \_\_\_\_\_

**STATEMENTS TO THE COURT, UNDER OATH**

**1. INFORMATION ABOUT ME, THE APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

**2. INFORMATION ABOUT THE MINOR CHILD FOR WHOM THIS NAME CHANGE IS REQUESTED:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Requested Name: \_\_\_\_\_

**3. REASON FOR THIS REQUEST FOR CHANGE OF NAME**

I request that the current name of \_\_\_\_\_  
be changed to \_\_\_\_\_, for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF PARENT TO NAME CHANGE OF  
A MINOR CHILD AND WAIVER OF NOTICE**

\_\_\_\_\_  
A Minor

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM PARENT, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

I am the natural  MOTHER or  FATHER of the minor child named above.

I am the adoptive  MOTHER or  FATHER of the minor child named above.

**2. I have read the Application for Name Change and consent to changing the child's name to:**

\_\_\_\_\_

**3. I waive notice of all further proceedings in this matter.**



Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF MINOR TO NAME CHANGE  
(Only if Minor is 14 or Older)**

\_\_\_\_\_  
A Minor

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM MINOR, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

I am the minor who is the subject of this name change request.

I am at least 14 years of age.

**2. I have read the Application for Name Change and consent to changing my name to:**

\_\_\_\_\_

**3. I waive notice of all further proceedings in this matter.**



Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**NOTICE OF HEARING REGARDING  
 APPLICATION FOR CHANGE OF NAME**

\_\_\_\_\_  
 Name(s) of person(s) requesting name change

HONORABLE: \_\_\_\_\_

**READ THIS NOTICE CAREFULLY.** An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Applicant has filed with the Court an Application for Change of Name. At the hearing, the Court will consider whether to grant or deny the requested name change. If you wish to be heard on this issue, you must appear at the scheduled hearing.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as outlined below:

DATED: \_\_\_\_\_ (Month/Day/Year) \_\_\_\_\_ (Applicant's Signature)

**THE COURT COMPLETES THE FOLLOWING SECTION**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: Pinal County Justice Complex – 971 N Jason Lopez Circle, Bldg A – Florence AZ 85132

BEFORE THE HONORABLE: \_\_\_\_\_







3. This Order does **NOT** establish paternity or add the name of a father to a birth certificate.
4. This Order does **not** release the persons named above from any obligations incurred or harm any rights of property or action in any original name.
5. Other Orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*May **NOT** be used to establish paternity or to add the name of a father to a birth certificate.

**DONE IN OPEN COURT** this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**(Superior Court Judge/Special Commissioner)**