COSHOCTON COUNTY PROBATE COURT 426 MAIN STREET COSHOCTON, OHIO 43812 740-622-1837

www.coshoctoncounty.net/agency/probate

LOCAL RULE 75.14 NAME CHANGES

- (A) A certified copy of the birth certificate must be filed.
- (B) If the name change is for a minor consent from both parents is required. If a parent's address is unknown diligent efforts need to be made by the U.S. Postal Service (regular mail and certified mail) and by Notice of Publication.
- (C) Notice of Publication needs to be published in a newspaper of general circulation at least thirty (30) days prior to the hearing date.
- (D) Notice of Publication needs to be filed prior to the hearing date.
- (E) Fees and costs related to name changes shall not be waived.
- (F) Applicant shall be responsible for publication and associated costs.

OHLEG Forms

Court costs \$118.50

Applicant shall contact Coshocton Beacon or Coshocton Tribune for publication costs (around \$45.00)

IN RE: CHANGE OF NAME OF: (Present Name)

TO: (Name Requested)

Case No.

APPLICATION FOR CHANGE OF NAME OF MINOR [R.C.2717.01]

Applicant is the Parent Legal Guardian Legal Custodian Guardian ad litem of the minor. The minor has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this application. Applicant requests a change of the name of the minor from

	First	Middle	Last	
to				
	First	Middle	Last	
The reason for requesting this name change is:				

A certified copy of the minor's birth certificate is attached.

The name and address of Parent 1 of the minor is:

Nai	me	
Ado	dress	
City	y, State, Zip Code	
	The Waiver of Notice of Hearing and Consent of Parent 1 accompanies	s this Application.
	Applicant states that the address of Parent 1 is unknown, an affidavit of diligence and every reasonable effort made to find the current address individual is attached hereto.	• • • •
ame	and address of $\ \square$ Parent 2 or $\ \square$ the alleged father of the minor is:	
Nai	me	
Ado	dress	
City	y, State, Zip Code	

(Reverse of Form 21.2)

Case No. _____

- ☐ The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of Parent 2 is unknown, an affidavit detailing the applicant's diligence and every reasonable effort made to find the current address but cannot locate this individual is attached hereto.
- ☐ There is no person alleged to be the father/Parent 2 of the minor.

An Affidavit in support of this Application is attached.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

Attorney for Applicant Typed or Printed Name				
			Typed or Printed Name	
		Address		
State	Zip	City	State	Zip
		() Telephone Number		
	State	State Zip	Address State Zip ()	Typed or Printed Name Address State Zip City State ()

FORM 21.2 – APPLICATION FOR CHANGE OF NAME OF MINOR

IN RE: CHANGE OF NAME OF: (Present Name)

TO: (Name Requested)

Case No.

AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF MINOR [R.C. 2717.06]

State of Ohio } } SS

County of ______ }

The undersigned, in support of the Applicant's Application for Change of Name of Minor, deposes, says, and verifies the following:

Check all that apply:

- 1. Applicant is the Parent Legal Guardian Legal Custodian Guardian ad litem of the minor;
- 2. The minor has been a bona fide resident of ______, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
- 3. The Application is not made for the purpose of evading any creditors or other obligations;
- 4. The minor has not been adjudicated a delinquent child for identity fraud;
- 5. The minor does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the minor was NOT adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim-oriented offense;

Any other information relevant to the Application _____

All documentary evidence submitted with the Application is true, accurate, and complete.

Applicant

Sworn to before me and subscribed in my presence the _____day of _____, ____,

Notary Public/Deputy Clerk

IN RE: CHANGE OF NAME OF: (Present Name)	
TO: (Name Requested)	
Case No	
	HANGE OF NAME 2717.14]
The undersigned	
[check one of the following 2 capacities by which your co	onsent is given]
□ Parent	
□ Alleged Father	
hereby waives notice of the hearing on the Applicati of name of to	
as proposed in the Application.	
	Signature
Sworn to before me and signed in my presence this	s day of, 20 _
	Deputy Clerk/Notary Public

FORM 21.4 - CONSENT TO CHANGE OF NAME

IN RE: CHANGE OF NAME OF: (Present Name)	
TO: (Name Requested)	
Case No	
	HANGE OF NAME 2717.14]
The undersigned	
[check one of the following 2 capacities by which your co	nsent is given]
□ Parent	
□ Alleged Father	
hereby waives notice of the hearing on the Applicati of name ofto	
as proposed in the Application.	
	Signature
Sworn to before me and signed in my presence this	day of, 20
	Deputy Clerk/Notary Public

FORM 21.4 - CONSENT TO CHANGE OF NAME

TRANSFER OF STRUCTURED SETTLEMENT OF
 TRANSFER OF MINOR SETTLEMENT OF
 GUARDIANSHIP OF
 TRUST OF
 ESTATE OF

CASE NO. _____

CONSENT AND RELEASE

I hereby give consent and permission to the Coshocton County Probate Court to obtain all information pertaining to me in the files of The Ohio Courts Network and/or Ohio Law Enforcement Gateway (OHLEG) for the purposes of the above captioned matter.

I hereby release The Ohio Courts Network, OHLEG and any and all of their employees, personnel, and other individuals providing information pursuant to this request from all liability in connection with the dissemination of such information to the Court.

Further, I executed an Applicant Information Form and I have been advised that this information will not be made public. However, information received from the Ohio Courts Network and/or OHLEG may be made part of the Court's case record and a public document after notice and an opportunity for a hearing has been given to me.

Applicant's Signature

Date

Applicant's Printed Name

□ TRANSFER OF STRUCTURED SETTLEMENT OF:

□ TRUST OF:

□ NAME CHANGE OF:

□ GUARDIANSHIP OF:

□ ESTATE OF:

CASE NO. _____

APPLICANT INFORMATION

(PLEASE NEATLY PRINT OR TYPE)

NAME:			
	First	Middle	Last
ADDRESS:			
	Street		
-			
	City	State	Zip Code
TELEPHON	E:		
	Home #	Work #	Cell #
SOCIAL SEC	CURITY NUMBER:		
DATE OF BI	IRTH:		
DRIVER'S L	ICENSE NUMBER:		
Applicant's	Signature	C	Date
Applicant's	Printed Name		

THIS FORM IS NOT A PUBLIC RECORD AND WILL NOT BE MAINTAINED WITH THE CASE FILE IMAGED ON THE COURT'S WEBSITE.

IN RE: CHANGE OF NAME OF: (Present Name)_____

TO: (Name Requested)

Case No. _____

JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE

[R.C. 2717.08 and 2717.14]

The Court sets the Application for Change of Name in this case for hearing on ______, 20_____ at ______. M.

The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who have not waived notice:

By certified mail, return receipt requested

By publication once in a newspaper of general circulation in this county at least 30 days before the hearing

Other:

Applicant shall file proof of service with the Court before the hearing.

Date

Probate Judge

IN RE: CHANGE OF NAME OF: (Present Name)

TO: (Name Requested)

Case No.

NOTICE OF HEARING ON CHANGE OF NAME

[R.C. 2717.08 and 2717.14]

Applicant gives notice that the Applicant has filed an Application for Change of Name in this Court

requ	uesting the cl	nange of name of						
	0	J	First	Middle		Last		
to								
	First	Middle	Last					
Ahe	earing on the	Application will be held	d on	, 2	20 <u>,</u> a	t	_o'clock _	M

in the Probate Court of Coshocton, County, located at 426 Main Street, Coshocton, Ohio 43812.

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 21.5 - NOTICE OF HEARING ON CHANGE OF NAME

CHANGE OF NAME OF: (Present Name) TO: (Name Requested) Case No. _____ **CERTIFICATE OF SERVICE OF NOTICE** OF HEARING OF CHANGE OF NAME OF MINOR The undersigned applicant certifies notice of hearing was made by a one-time publication in the
Coshocton Beacon Coshocton Tribune in this county at least thirty (30) days before the hearing on the application for change of name of minor. Mother: _____ □ Father: _____ Address: Address: Have consented and waived notice of the hearing on said Change of Name Have received notice of the hearing on said Change of Name by certified mail. Their consents/waivers or certified mail receipts are attached hereto. Have received notice on said Change of Name by publication at least 30 days prior to the hearing in the \Box Coshocton Beacon \Box Coshocton Tribune. Have received notice of said Change of Name by:

> ☐ Applicant □ Attorney for the Applicant Registration No. ____

CHANGE OF NAME OF: (Present Name)

TO: (Name Requested)

Case No.

JUDGMENT ENTRY CHANGE OF NAME OF MINOR [R.C. 2717.09]

On , an Application for Change of Name of Minor was heard by this Court. The Court finds that all parties entitled to notice, e.g., legal parents, parent, father, or alleged father, either have waived notice of hearing and consented to the Application or were properly served and failed to object to the Application. The Court finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the minor's name as requested.

The Court finds the minor's complete	name at birth was		<u>.</u>
The minor's date of birth was	, and the place of birth		
was City:	County:		State:
Therefore, it is ORDERED the name of			
be changed to	First	Middle	Last
First	Middle	Last	

Jason W. Given, Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

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

JASON W. GIVEN, PROBATE JUDGE

By _____ Deputy Clerk

Date _____