

ADULT NAME CHANGE—CLIENT QUESTIONNAIRE

NOTE: THIS IS NOT A LEGAL DOCUMENT. IT IS INTENDED TO GATHER THE NECESSARY INFORMATION THAT WILL ASSIST OUR OFFICE IN DRAFTING YOUR LEGAL DOCUMENTS.

Circle all options that apply, or fill in blanks as needed. PLEASE PRINT ANSWERS CLEARLY. Failure to FULLY COMPLETE this form may result in delay or rejection of application.

Date: _____

Referred by: _____

APPLICANT INFO

Name of Applicant: _____

Gender of Applicant: _____ Preferred Pronouns: _____

Phone#: _____ Email: _____

State of Residence: _____ County of Residence: _____

S.S. # _____ Marital Status: _____

Current Address: _____

Mailing Address (if different) _____

APPLICANT HOUSEHOLD and INCOME:

How many people in your household, including you: _____

How many children live in your household: _____

Check and complete all income sources that YOU have:

| | | |
|---------------------|----------|------------------------------|
| _____ Job | \$ _____ | per hour / wk / biwk / month |
| _____ SSI | \$ _____ | per month |
| _____ SSD | \$ _____ | per month |
| _____ Cash Asst. | \$ _____ | per month |
| _____ Food Stamps | \$ _____ | per month |
| _____ Housing Asst. | \$ _____ | per month |
| _____ Worker's Comp | \$ _____ | per month |
| _____ Unemployment | \$ _____ | per month |
| _____ Other | \$ _____ | per month |

List Household Members and their Job or Benefits:

CITIZENSHIP

Primary Language: ENGLISH/OTHER: _____

(If other language): REQUIRES INTERPRETER/SPEAKS SOME ENGLISH

Country of Birth: U.S./OTHER: _____

(If born outside U.S.): What is your status of entry into the U.S.? _____

(Refugee/Student Visa/Travel Visa/Somebody Petitioned for Applicant

Alien Registration #: _____

Ethnicity: _____

Country before U.S.: _____ Date of Entry into U.S.: _____

Place of original entry into U.S. _____

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NATURE OF NAME CHANGE

Please print your current legal name, IN FULL, **exactly** as it appears on your birth certificate:

Please print the name, IN FULL, that you want to assume (the name you want):

If your social security card, driver's license or any other government ID lists your name differently than your legal name, list these other names: _____

Reason you want to change your name: _____

Are you applying for a name change because you are in danger? Yes/No

Date of birth: _____

Do you have original proof of birth? Yes/No

Place of birth (include town, county, state, and country): _____

INFORMATION NEEDED FOR NAME CHANGE PETITION

1. Are you incarcerated, on parole, or on probation? Yes/No

If so, please explain: _____

2. Have you been convicted of a crime? Yes/No

If so, please provide information about your conviction (s.) Include the what you were convicted of and the name of your sentencing court:

NOTE: You will have to provide a Certificate of Disposition/Conviction to our office for EACH conviction you have. You can get this from your sentencing court.

3. Have you ever declared bankruptcy? Yes/No

If so, please indicate where and when you declared bankruptcy: _____

NOTE: You will have to provide a copy of the Judgment of Bankruptcy to our office.

4. Are there any judgments/liens against you? Yes/No

If so, please state when/where the judgment was filed, the person to whom the judgment is owed (who sued you), and the amount that is owed:

NOTE: You will have to provide a copy of the judgment/lien to our office.

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5. Are there any current cases in ANY court in which you are a party? Yes/No

If so, indicate the names of the parties, name of the Court, and nature of the case: _____

6. Have you ever asked any court to change your name before? Yes/No

If so, please explain. Include the date of the previous Petition, the Court which heard the petition, the reason for the Petition, and if the Court granted your name change request:

7. Are you responsible for paying child support? Yes/No

If yes, are your child support obligations satisfied/up-to-date? Yes/No

County the Child Support Order is in: _____

NOTE: You will have to provide copies of ALL child support orders. If you are in arrears for child support, you will also have to provide your child support obligation summary.

8. Are you responsible for spousal support/alimony? Yes/No

If so, which court issued the spousal support order? _____

Is your spousal support obligation satisfied/up-to-date? Yes/No

If you are in arrears for spousal support, what is the amount? _____

NOTE: You will have to provide copies any spousal support orders to our office.

PUBLICATION REQUIREMENT

Name change petitions can be viewed by anyone because they are public records. The Court will also require Notice of the name change to be published in a newspaper. This requirement can only be waived due to safety concerns.

Are you requesting that the publication requirement be waived due to safety concerns? Yes/No

If yes, please explain your safety concern (s): _____

INSTRUCTIONS

Please return the completed questionnaire to our office. This can be done by mail, fax or hand delivery to the following address:

Legal Aid Bureau of Buffalo, Inc.
290 Main St., Ste. 400
Buffalo, NY 14202
Attn.: INTAKE
Fax: (716) 853-3219