

NAME CHANGE
ADULT

INSTRUCTIONS FOR FILING AN ACTION FOR NAME CHANGE - ADULT

- You need this packet if you are over 18 years old and seek to have the court change your name.
 - You must be a resident of Miami-Dade County to file this action.
 - Place your present/current name as the Petitioner.
 - The Clerk will explain to you the procedures to have your fingerprints taken.
 - If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.
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The Day of Your Self-Help Appointment

You MUST be on time for your scheduled appointment. If you are late, you will be rescheduled for another date and charged a reschedule fee of \$20.

Bring the following:

1. **Payment of \$40.00 Self-Help Service Fee and all other applicable fees.**
2. Completed forms in English and **black** ink (please type or print legibly!)
3. **Use your present name as the “Petitioner”**
4. Pen (please use **black** ink only) (please type or print legibly!)
5. White Correction Tape or White Correction Fluid (to correct any errors)
6. Driver’s License, State ID, or Passport
7. Applicable Fees
8. Keep in mind the Clerk’s Office hours are from 9:00a.m. to 4:00p.m.

The Day of Your Final Hearing

1. Get to the Courthouse early and check in with the Bailiff or Clerk.
2. Bring your Florida Driver’s License, Florida ID, Florida Voter’s Registration Card, or Affidavit of Corroborating Witness.
3. Your case will be called by your last name. Approach the bench.
4. After your hearing, wait outside the courtroom. The Clerk will walk you down to the Clerk’s Office to get certified copies of your Final Judgment. The cost is \$1.00 for the certification and \$1.50 per page

I. Filing a Name Change - Adult

1. Complete the following documents:

Petition for Change of Name Adult [*Form A-6*]
Civil Cover Sheet [*Form H*]
Notice of Uncontested Final Hearing [*Form II*]
Acknowledgment of Receipt
Notice of Related Cases

2. Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> to review and notarize your documents. Please read the Self-Help Appointment Types sheet before scheduling your appointment.
3. After your Self-Help appointment, make a copy of all your documents:
 - a. **Original:** File with the Clerk at *175 N.W. 1st Avenue, 12th Floor* at the NEW FILINGS window and pay the filing fee of \$401.00 (payable by cash, money order or credit card). The Clerk will explain how to have your fingerprints taken.
 - b. Keep a copy for your records and to bring to the Final Hearing.
4. After the Clerk stamps all of your documents with your new case number, return to Self-Help with the **Notice of Final Hearing, Final Judgment of Change of Name**, and a *self-addressed stamped envelope*.
5. You will receive the date of your Final Hearing in the mail in about 4 to 8 weeks.
6. **Remember to follow the Clerk instructions on how to have your fingerprints taken.**

Fee Schedule

Self-Help Fee	\$40.00	cash, credit card or money order
Filing Fee	\$401.00	<i>cash, credit card or money order</i>
Fingerprints	(the Clerk will explain the procedures for taking your fingerprints)	
Certified Copies	\$ 1.00 + \$1.50 per page	<i>cash or credit card</i>

If you are not sure whether the Courts are open because of a possible Hurricane, please call the 11th Judicial Circuit Hotline at 305-349-7777.

SCHEDULE YOUR SELF-HELP APPOINTMENT ONLINE

The Eleventh Judicial Circuit's Self-Help Program (SHP) now provides Self-Represented Litigants (SRL) the ability to schedule their Self-Help appointment online. **Please read the different appointment types carefully below before clicking on the link to schedule your appointment.** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Please note that scheduling the incorrect appointment type can subject you to being rescheduled for another date. All SHP appointments are scheduled for specific dates and times depending on appointment type. After you schedule your appointment online, you will be receiving a confirmation via email and text with appointment details.

FIRST-TIME VISIT: Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing.

Example.: To make your appointment online you will select **First-Time Visit Name Change**

BLITZ: Name Change packet is fully completed and ready for Self-Help Paralegal review prior to filing. Self-Help service fee includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information and procedural information to obtain a hearing.

Example.: To make an appointment for a Blitz, you will select **Blitz-Name Change**

WORKSHOP: Need assistance completing your packet prior to filing? The Self-Help Program offers workshops with a Self-Help Paralegal at a nominal fee (see fee schedule online) to help you complete your documents.

Example.: To make a Workshop appointment for a Paternity No Agreement packet, you will select **Workshop-Name Change**

- **All Self-Help Fees and applicable fees can be paid at time of your Self-Help appointment.**
- To cancel or reschedule your Self-Help Appointment visit:
<https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> and click on **FIND APPOINTMENT**

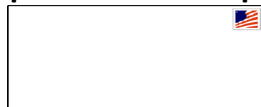
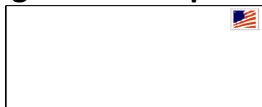
Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$50.00 Workshop is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate in this workshop, Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Information you need to know for your Name Change Workshop appointment or Self-Help appointment (First Time or Blitz)

- A valid Florida Driver's License, Florida ID or U.S. Passport
- A valid address for you and your spouse
- **Adult Birth Certificate** (*If the Birth Certificate(s) is/are in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.*)
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink (**please type or print legibly!**)
- Correction tape or correction fluid
- **1 regular envelopes with 1 post office stamp**



- You are considered late 15 minutes after your scheduled appointment time and will be rescheduled

FAMILY COURT COVER SHEET

Case Style: IN RE:

CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT, IN AND FOR
MIAMI DADE COUNTY, FLORIDA

Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

Initial Action/Petition

Reopening Case

Modification/Supplemental Petition

Motion for Civil Contempt/Enforcement

Other _____

Type of Case. If the case fits more than one type of case, select the most definitive. If the most definitive label is a subcategory (indented under a broader category label), place a check in the category and subcategory boxes.

Simplified Dissolution

Other Family Court _____

Dissolution of Marriage

Name Change

Support IV-D (Dept of Revenue, CSE)

Paternity/Disestablish Paternity

Support Non-IV-D (NOT Dept of Rev)

Petition for Dependency

UIFSA IV-D (Dept of Revenue, CSE)

CINS/FINS

UIFSA Non-IV-D (NOT Dept of Revenue,CSE)

Rule of Judicial Administration 2.545(d) requires that a NOTICE OF RELATED CASES form be filed with the initial pleading. Are there related cases?

No, to the best of my knowledge, no related cases exist.

Yes, all related cases are listed on RELATED CASES form.

PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Party Signature

(Type or print your name)

Date

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

_____,
Petitioner.
_____ /

CASE NO.:

PETITION FOR CHANGE OF NAME (ADULT)

1. This is an action for the change of name of an adult under §68.07, Florida Statutes.

2. My complete present name is: _____

The name on my current Birth Certificate is: _____

I request that my name be changed to: _____

3. I live in Miami-Dade County, Florida at *{street address}* _____
_____.

4. I was born on *{date}* _____, in *{city}* _____,
{county} _____, *{state}* _____, *{country}*
_____.

5. My father's full legal name: _____
My mother's full legal name: _____
My mother's maiden name: _____

6. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____ _____/_____ _____/_____ _____/_____ _____/_____ _____/_____	_____ _____ _____ _____ _____ _____

Check here if you are continuing these facts on an attached page.

7. **Family** [all that apply]

- a. I am not married
- b. I am married. My spouse's full legal name is: _____
- c. I do not have child(ren).
- d. The name(s), age(s), and address(es) are as follows (all children, **including those over 18**, must be listed):

Name	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an attached page.

8. **Former names** [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}* _____.
A copy of the court order is attached.
- My name previously was changed **by marriage** from _____ to _____ on *{date}* _____ by *{court, city, and state}* _____.
A copy of the marriage certificate is attached.
- 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)}* _____

9. **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
____/____	_____
____/____	_____
____/____	_____
____/____	_____
____/____	_____
____/____	_____

Check here if you are continuing these facts on an attached page.

10. **Business** [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: _____.

I have been involved with the business since: {date} _____

11. **Profession** [one only]

____ I am not in a profession.

____ I am in a profession. My profession is: _____

I have practiced this profession:

Dates (to/from)	Place and Address
____/____	_____
____/____	_____
____/____	_____
____/____	_____
____/____	_____
____/____	_____

Check here if you are continuing these facts on an attached page.

12. Education

_____ I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an attached page.

13. Criminal History [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, adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an attached page.

14. Bankruptcy [one only]

_____ I have never been adjudicated bankrupt.

_____ I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

Check here if you have filed additional bankruptcies, and explain on an attached page.

15. Creditor(s)' Judgments

_____ I have never had a money judgment entered against me by a creditor.

_____ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment, case number	<input type="checkbox"/> if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

16. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

WHEREFORE, the Petitioner requests that a change of name be granted and the Florida Department of Health, Office of Vital Statistics be directed to issue a new original birth certificate reflecting such name change.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in the petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

Petitioner.
_____ /

CASE NO.: FC

**NOTICE OF FINAL UNCONTESTED
HEARING**

YOU ARE HEREBY NOTIFIED that the action in the above styled case is scheduled for a Final Uncontested Hearing on _____ at _____ a.m. / p.m. before the **Honorable** _____ at the Lawson E. Thomas Courthouse Center, 175 N.W. 1st Avenue, _____ Floor, Courtroom _____, Miami, Florida 33128.

FAILURE TO APPEAR COULD RESULT IN THE DISMISSAL OF THIS ACTION.

I certify that a copy of the foregoing was mailed to the person listed above.

Dated: _____

Signature of Party: _____
Printed Name: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
E-mail: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Ave., Suite 2400, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174, Fax (305) 349-7355 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

_____,
Petitioner. _____/

CASE NO.:

III. INDEX OF FORMS

- Form A-6 Petition for Change of Name (Adult)
- Form H Civil Cover Sheet
- Form II Notice of Uncontested Final Hearing
- Form Acknowledgment of Receipt
- Form Notice of Related Cases

Index of Forms- Name Change (Adult)

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,

and

NOTICE OF RELATED CASES

_____,
Respondent.

In compliance with Florida Rule of Judicial Administration 2.545(d), the petitioner in a family case must file with the court a **Notice of Related Cases**, if related cases are known or reasonably ascertainable. A related case may be an open or closed civil, criminal, family, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family case if:

- (A) it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
- (B) it affects the court's jurisdiction to proceed; or
- (C) an order in the related case may conflict with an order on the same issues in the new case; or
- (D) an order in the new case may conflict with an order in the earlier litigation.

Have you ever had contact with the **Department of Children and Families** regarding children included in this Petition? Yes No

(check one only)

- There are no related cases.
- The following are the related cases (add additional pages if necessary)

Related Case No. 1

Case Type: Criminal Juvenile Dependency/Delinquency Child Support Enforcement
 Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions Unified Family Court
 Dissolution of Marriage Paternity Adoption Other _____

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Type: Criminal Juvenile Dependency/Delinquency Child Support Enforcement
 Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions Unified Family Court
 Dissolution of Marriage Paternity Adoption Other _____

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court’s jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Type: Criminal Juvenile Dependency/Delinquency Child Support Enforcement
 Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions Unified Family Court
 Dissolution of Marriage Paternity Adoption Other _____

Case Number: _____

County/State/Court: _____

Pending or Closed ? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- pending case involves same parties, children, or issues;
- may affect court’s jurisdiction;
- order in related case may conflict with an order in this case.
- order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

I attest to the truthfulness of the claims made in this affidavit.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

I certify that a copy of the foregoing was mailed or served to the other party listed below on Date: _____

Other party:

Name: _____

Street Address: _____

City, State, Zip: _____