

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: _____ FAX NO.: _____		
ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
CASE NAME: _____		
<b>CIVIL CASE COVER SHEET</b> <input type="checkbox"/> <b>Unlimited</b> (Amount demanded exceeds \$25,000) <input type="checkbox"/> <b>Limited</b> (Amount demanded is \$25,000 or less)		<b>Complex Case Designation</b> <input type="checkbox"/> <b>Counter</b> <input type="checkbox"/> <b>Joinder</b> Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)
		CASE NUMBER: _____
		JUDGE: _____
		DEPT: _____

*Items 1–6 below must be completed (see instructions on page 2).*

1. Check **one** box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) <b>Non-PI/PD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) <b>Employment</b> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)</b> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint ( <i>not specified above</i> ) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition ( <i>not specified above</i> ) (43)
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2. This case ☐ is ☐ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (*check all that apply*): a. ☐ monetary    b. ☐ nonmonetary; declaratory or injunctive relief    c. ☐ punitive
4. Number of causes of action (*specify*): \_\_\_\_\_
5. This case ☐ is ☐ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (*You may use form CM-015.*)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

### NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on **all** other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

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ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITION OF (name):		
<b>PETITION FOR CHANGE OF NAME, RECOGNITION OF CHANGE OF GENDER, AND ISSUANCE OF NEW BIRTH CERTIFICATE</b>		CASE NUMBER:

**Before you complete this petition, you should read the *Instructions for Filing* on the next page. You must answer all questions and check all boxes that apply to you on this petition. You must file this petition in the superior court of the county where the person whose name is to be changed resides.**

- Petitioner (*present name*): \_\_\_\_\_ is 18 years old or older and a resident of this county.
- Petitioner requests that the court decree that petitioner's name is changed, in order to conform to petitioner's gender identity, to (*proposed name*): \_\_\_\_\_
- Petitioner requests a decree recognizing that the petitioner's gender is changed to:
  - ☐ female.
  - ☐ male.
  - ☐ nonbinary.
- Petitioner requests that the court order that a new birth certificate be issued reflecting the gender and name changes sought by this petition.
- Petitioner requests that the court issue an order directing any interested persons to file written objections to show cause why the petition for change of name should not be granted.
- Petitioner provides the following information in support of this petition:
  - The declaration below.
  - The information contained in the attachment (*attach a completed copy of the attachment* Name and Information About the Person Whose Name Is to Be Changed (*form NC-110*)).

#### DECLARATION

I (*present name*): \_\_\_\_\_ declare under penalty of perjury under the laws of the state of California that the request for a change in gender to (*check one*) ☐ female ☐ male ☐ nonbinary is to conform my legal gender to my gender identity and is not for any fraudulent purpose.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

(Instructions on next page)

Page 1 of 2

PETITION OF (Name of petitioner or petitioners):

CASE NUMBER:

FOR CHANGE OF NAME

# NAME AND INFORMATION ABOUT THE PERSON WHOSE NAME IS TO BE CHANGED

Attachment of

Attachment to Petition (form NC-100, form NC-200, or form NC-500)

(You must use a **separate** attachment for **each person** whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

b. ☐ Self ☐ Other

(1) Present name (specify):

(2) Proposed name (specify):

(3) Born on (date of birth):

and presently ☐ under 18 years of age ☐ over 18 years of age

(4) Born at (place of birth):

(5) Sex (as stated on original birth certificate): ☐ Male ☐ Female

(6) Current residence address (street, city, county, and zip code):

c. Reason for name change (explain):

d. Relationship of the petitioner to the person whose name will be changed:

(1) ☐ self

(4) ☐ near relative (indicate relationship):

(2) ☐ parent

(5) ☐ Other (specify):

(3) ☐ guardian

e. 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:

(1) Parent (name): (address):

(2) Parent (name): (address):

(3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

## DECLARATION

I declare under penalty of perjury under the laws of the State of California that (check one) ☐ I am not ☐ I am under the jurisdiction of the California Department of Corrections and Rehabilitation (in state prison or on parole) or in county jail and (check one) ☐ I am not ☐ I am required to register as a sex offender under Penal Code section 290.

Date:

(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)

(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

☐ ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

☐ SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

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ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR ( <i>name</i> ):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITION OF ( <i>Name of each petitioner</i> ):  <div style="text-align: right;">FOR CHANGE OF NAME</div>		
<b>ORDER TO SHOW CAUSE FOR CHANGE OF NAME TO CONFORM TO GENDER IDENTITY</b>		CASE NUMBER:

TO ALL INTERESTED PERSONS:

- Petitioner (*name*):  
 for a decree changing name as follows:
 

	<u>Present name</u>	to	<u>Proposed name</u>
a.		to	
b.		to	
c.		to	
d.		to	
- THE COURT ORDERS that any person objecting to the name changes described above must file a written objection that includes the reasons for the objection within six weeks of the date this order is issued. If no written objection is timely filed, the court will grant the petition without a hearing.
- A hearing date may be set only if an objection is timely filed and shows good cause for opposing the name change. Objections based solely on concerns over the petitioner's actual gender identity shall not constitute good cause. (See Code Civ. Proc., § 1277.5(b).)

Date:

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF (name of petitioner): <div style="text-align: right;">FOR CHANGE OF NAME AND GENDER</div>	
<b>DECREE CHANGING NAME AND ORDER RECOGNIZING CHANGE OF GENDER AND FOR ISSUANCE OF NEW BIRTH CERTIFICATE</b>	CASE NUMBER:

1. The petition was duly considered:
- a. ☐ at the hearing on (date): \_\_\_\_\_ in Courtroom: \_\_\_\_\_ of the above-entitled court.
- b. ☐ without hearing.

#### THE COURT FINDS

2. a. All notices required by law have been given.
- b. Each person whose name is to be changed identified in item 3 below  
☐ is not ☐ is required to register as a sex offender under section 290 of the Penal Code.  
 This determination was made ☐ by using CLETS/CJIS ☐ based on information provided to the clerk of the court by a local law enforcement agency.
- c. ☐ No objections to the proposed change of name were made.
- d. ☐ Objections to the proposed change of name were made by (name): \_\_\_\_\_
- e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
- f. ☐ Other findings (if any): \_\_\_\_\_

#### THE COURT ORDERS

3. The name of (present name): \_\_\_\_\_  
 is changed to (new name): \_\_\_\_\_

#### THE COURT FURTHER ORDERS

4. The gender of (new name): \_\_\_\_\_  
 is changed to:
- a. ☐ female.
- b. ☐ male.
- c. ☐ nonbinary.

#### THE COURT FURTHER ORDERS

5. A new birth certificate shall be issued reflecting the changes in name and gender.
6. If petitioner was born in California, a certified copy of this order shall be filed by petitioner within 30 days with the State Registrar. When the State Registrar receives a certified copy of this order and payment of the applicable fees, the State Registrar shall establish for the petitioner a new birth certificate reflecting the new name and the gender of the petitioner as it has been altered.

Date: \_\_\_\_\_

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT  
☐ SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT

Page 1 of 1

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

**1 Your Information** (person asking the court to waive the fees):

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

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number): \_\_\_\_\_a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions): ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS ☐ CalWORKS or Tribal TANF ☐ CAPI
- b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$450.00 for each extra person.
1	\$1,264.59	3	\$2,164.59	5	\$3,064.59	
2	\$1,714.59	4	\$2,614.59	6	\$3,514.59	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):

- ☐ waive all court fees and costs ☐ waive some of the court fees
- ☐ let me make payments over time

**6** ☐ Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:) ☐

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

Print your name here

Sign here



Your name: \_\_\_\_\_

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

*If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.*

- 7** ☐ Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

**8 Your Gross Monthly Income**

- a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$ \_\_\_\_\_

**9 Household Income**

- a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8b plus 9b):** \$ \_\_\_\_\_

**10 Your Money and Property**

- a. Cash \$ \_\_\_\_\_  
 b. All financial accounts (List bank name and amount):  
 (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____   | \$ _____          | \$ _____               |
| (2) _____   | \$ _____          | \$ _____               |
| (3) _____   | \$ _____          | \$ _____               |

- d. Real estate
- | Address   | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |

- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe  | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |

**11 Your Monthly Deductions and Expenses**

- a. List any payroll deductions and the monthly amount below:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (4) \_\_\_\_\_ \$ \_\_\_\_\_

- b. Rent or house payment & maintenance \$ \_\_\_\_\_  
 c. Food and household supplies \$ \_\_\_\_\_  
 d. Utilities and telephone \$ \_\_\_\_\_  
 e. Clothing \$ \_\_\_\_\_  
 f. Laundry and cleaning \$ \_\_\_\_\_  
 g. Medical and dental expenses \$ \_\_\_\_\_  
 h. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
 i. School, child care \$ \_\_\_\_\_  
 j. Child, spousal support (another marriage) \$ \_\_\_\_\_  
 k. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_

- l. Installment payments (list each below):  
 Paid to:  
 (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages/earnings withheld by court order \$ \_\_\_\_\_

- n. Any other monthly expenses (list each below).  
 Paid to: How Much?  
 (1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly expenses (add 11a – 11n above):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page. ☐

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**