

DEKALB COUNTY SUPERIOR COURT

STATE OF GEORGIA

In re the Name Change of:

addadd ,
Petitioner.

Civil Action

Case Number _____

PETITION TO CHANGE NAME OF ADULT

The Petitioner files this *Petition to Change Name of Adult*, and states the following in support of the petition:

1.

The Petitioner's name is addadd,
and she or he resides in DeKalb County, Georgia. Therefore, jurisdiction and venue are proper in this Court.

2.

The Petitioner was born in (*year*) 1994 :

[Check and complete only one of the following.]

☐ in Citrus County, State of Florida,
U.S.A.

☐ outside the United States, in USA
_____.

3.

The Petitioner wants to change their name from addadd
_____ to _____.

4.

[Explain here why you want to change your name.]

The reasons for this name change are as follows: _____

I wanna change said name

5.

The Petitioner does not intend to use this name change to fraudulently deprive anyone of any right under the law.

THEREFORE, the Petitioner asks that the Petitioner's name be changed as provided in Paragraph 3 above.

Dated: _____

Petitioner, *Pro se* (Signature)

Name: _____

Address: 123 Sesame Street

Decatur, GA

Phone (day): (222) 312-4129

Email: test@test.com

DEKALB COUNTY SUPERIOR COURT

STATE OF GEORGIA

In re the Name Change of:

addadd ,
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VERIFICATION OF PETITION TO CHANGE NAME OF ADULT

My name is addadd. I hereby swear or affirm, before a notary public, that I have read the *Petition to Change Name of Adult* that I am filing with this *Verification*, and the facts stated in it are true.

Petitioner, *Pro se* (Signature)

Name: _____

Address: 123 Sesame Street

Decatur, GA

Phone (day): (222) 312-4129

Email: test@test.com

Subscribed and sworn before me
on _____, 20____.

Notary Public

DEKALB COUNTY SUPERIOR COURT

STATE OF GEORGIA

Civil Action

Case Number _____

NOTICE OF PETITION TO CHANGE NAME OF ADULT

_____ addadd _____ filed a petition in the DeKalb County Superior Court on _____, 20____, to change the name from: _____ addadd _____ to _____. Any interested party has the right to appear in this case and file objections within 30 days after the *Petition* was filed.

Dated: _____

Petitioner, *Pro se* (Signature)

Name: _____

Address: 123 Sesame Street

Decatur, GA

Phone (day): (222) 312-4129

Y:\Name Change\pro se Name chg adult Notice.wpd

General Civil and Domestic Relations Case Filing Information Form

☐ Superior or ☐ State Court of Dekalb County

For Clerk Use Only

Date Filed _____
MM-DD-YYYY

Case Number _____

Plaintiff(s)

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Defendant(s)

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Last First Middle I. Suffix Prefix

Plaintiff's Attorney _____ State Bar Number _____ Self-Represented ☐

Check one case type and one sub-type in the same box (if a sub-type applies):

General Civil Cases

- ☐ Automobile Tort
- ☐ Civil Appeal
- ☐ Contempt/Modification/Other Post-Judgment
- ☐ Contract
- ☐ Garnishment
- ☐ General Tort
- ☐ Habeas Corpus
- ☐ Injunction/Mandamus/Other Writ
- ☐ Landlord/Tenant
- ☐ Medical Malpractice Tort
- ☐ Product Liability Tort
- ☐ Real Property
- ☐ Restraining Petition
- ☐ Other General Civil

Domestic Relations Cases

- ☐ Adoption
- ☐ Contempt
 - ☐ Non-payment of child support, medical support, or alimony
- ☐ Dissolution/Divorce/Separate Maintenance/Alimony
- ☐ Family Violence Petition
- ☐ Modification
 - ☐ Custody/Parenting Time/Visitation
- ☐ Paternity/Legitimation
- ☐ Support – IV-D
- ☐ Support – Private (non-IV-D)
- ☐ Other Domestic Relations

- ☐ Check if the action is related to another action pending or previously pending in this court involving some or all of the same: parties, subject matter, or factual issues. If so, provide a case number for each.

_____ Case Number

_____ Case Number

- ☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in OCGA § 9-11-7.1.

- ☐ Is a foreign language or sign-language interpreter needed in this case? If so, provide the language(s) required.

_____ Language(s) Required

- ☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.