

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION FOR NAME CHANGE AND EX PARTE REQUEST FOR NONPUBLICATION AND CONFIDENTIAL RECORD</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use form *PC 51*, *Petition for Name change*, unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use this form, *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record*.
- B. Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to [michiganlegalhelp.org](http://michiganlegalhelp.org).

In the matter of **Your Current Full Legal Name**

Current first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

**Your Current Full Legal Name**  
**Street Address**  
**City, State, ZIP Code**  
**Phone Number**

Petitioner's attorney, bar no., address, and telephone no.

- ☐ 1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has/have been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and ☐ remains ☐ is no longer pending.

Check boxes &amp; fill out section if applicable

2. The name change is for

- ☐ a. a married person who wishes to also include a name change for their ☐ spouse. ☐ minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)
- ☒ b. an adult.
- ☐ c. a minor, whose natural or adopted parents are \_\_\_\_\_ ☐ Deceased  
 and \_\_\_\_\_ ☐ Deceased  
 \_\_\_\_\_  
☐ Both parents are deceased. The guardian is \_\_\_\_\_  
 (Attach letters of guardianship.) Name

3. The name change is for the following reason: **Transitioning (or other similar reason)**

4. The name change is not sought for any fraudulent intent.

5. The following person(s) seeking a name change has/have a criminal record: **Your current legal name (if applicable)**

6. Each person for whom a name change is sought has been a resident of the county for at least one year.

**Note:** Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

- ☐ 7. I have legal custody of the minor.
- ☐ a. The noncustodial parent has had the ability to visit, contact, or communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
- ☐ a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
- ☐ a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
- ☐ b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim. (Attach judgment of sentence.)
- ☐ c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)

8. I request the following name change(s): (Type or print)

	FROM (current name)	TO (proposed name)	DATE OF BIRTH
<b>Petitioner</b>	First: <b>Your Current Legal First Name</b>	First: <b>Your Desired First Name</b>	Put DOB in Ref. No. row 10 on MC 97a.
	Middle: <b>Your Current Legal Middle Name</b>	Middle: <b>Your Desired Middle Name</b>	
	Last: <b>Your Current Legal Last Name</b>	Last: <b>Your Desired Last Name</b>	
<b>Spouse</b>	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 14 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

**Note:** If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

- ☒ 9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name(s) of **Your Full Legal Name at Birth** at birth and to seal the original certificate.
- Name(s)

10. I request an ex parte order directing nonpublication and a confidential record. Evidence supporting good cause for this request is set forth in the sworn statement(s) included with this petition.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

**Today's Date**  
Date

**Your Current Legal Signature**  
Petitioner's signature

Petitioner's attorney signature

**SWORN STATEMENT**

I am the ☐ petitioner. ☐ endangered individual: \_\_\_\_\_ .  
Name

I state the following as evidence supporting good cause for the court to order that no publication about this proceeding be published and that the record of the proceeding be confidential.

☐ 1. I fear that ☐ I ☐ \_\_\_\_\_ will be in danger, or the likelihood of such  
Endangered individual  
danger will increase, if a notice is published or the record of the proceeding is available for access because:

☐ 2. I believe ☐ I ☐ \_\_\_\_\_ will be placed at risk of ☐ unlawful retaliation  
Endangered individual  
☐ discrimination if a notice is published or the record of the proceeding is available for access because:

☐ 3. Other reason supporting good cause: (explain)

Fill in and check all applicable areas within this red box as they relate to your particular circumstances. The courts generally require a specific and/or credible threat to your personal safety or to a member of your household in order to grant this. Please detail what the threat is and how it meets these criteria in section 2 for the best chance of success.

If you have a different reason that does not involve a threat or discrimination please detail it in section 3.

**Note:** The court must not require proof of an arrest or prosecution to reach a finding of good cause.

I declare under the penalties of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Today's Date

Date

Your Current Legal Signature

Signature

Your Current Full Legal Name

Name (type or print)

**SIGNATURE OF PARENT/GUARDIAN FOR MINOR**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (type or print)

\_\_\_\_\_

Address

\_\_\_\_\_

City, state, zip Telephone no.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (type or print)

\_\_\_\_\_

Address

\_\_\_\_\_

City, state, zip Telephone no.

**CONSENT BY SPOUSE OF PETITIONER**

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (type or print)

\_\_\_\_\_

Address

\_\_\_\_\_

City, state, zip Telephone no.

\_\_\_\_\_

Attorney signature

\_\_\_\_\_

Attorney name (type or print) Bar no.

\_\_\_\_\_

Address

\_\_\_\_\_

City, state, zip Telephone no.

Do not fill out anything on this page



STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's/Petitioner's name <b>Your Current Full Legal Name</b>	v	Defendant's/Respondent's name
In the matter of <b>Your Current Full Legal Name</b>		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: **Petition to Change Name (PC 51)**

**Your Current Full Legal Name & Today's Date**

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name <b>Your Current Full Legal Name</b>	DOB <b>Date of Birth</b>	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF HEARING REGARDING PETITION FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
Court address		Court telephone no.

**Use note:** Use this form for the required publication of notice **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*.

In the matter of **Your Current Full Legal Name**  
Current first, middle, and last name(s) (type or print)

**Publish only the information contained in the box below.**

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)	
whose address is unknown and whose interest in the matter may be barred or affected by the following:	
<b>TAKE NOTICE:</b> <u><b>Your Current Full Legal Name</b></u> has filed a petition for name change. Petitioner's name	
A name change hearing will be held on _____ Date and time	
at _____ Location	
before Judge _____ to change the name of:	
<u><b>Your Current Full Legal Name</b></u> Current name	to <u><b>Your Desired Full Legal Name</b></u> Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name

Publish **1** time(s) in **Publication name from guide** in **County you live in** County.  
Name of publication

Furnish **1** copies to **Petitioner**.

Furnish affidavit of publication to the ☐ court. ☐ petitioner.

☐ Forward statement for publication charges to **Your Current Full Legal Name, Address, & Phone #**.

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY PROBATE</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no. <b>Your Current Full Legal Name</b> <b>Street Address</b> <b>City, State, ZIP Code</b> <b>Phone Number</b>	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.
In the matter of <b>Your Current Full Legal Name</b>		

**Instructions:** Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

☐ 1. I receive the following type(s) of public assistance because of indigence:

- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
- ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
- ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
- ☐ Women, Infants, and Children benefits (WIC)
- ☐ Supplemental Security Income through the federal government (SSI)
- ☐ Other means-tested public assistance: \_\_\_\_\_

My public assistance case number(s) (if any) is \_\_\_\_\_  
Write "none" if no case number. Do not write your SSN.

☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_

☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.

My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
Week/Two weeks/Month/Year

The number of people in my household is \_\_\_\_\_

My source of income is \_\_\_\_\_

List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

**Today's Date**

Date

**Your Current Legal Signature**

Signature

Fill out  
sections as  
applicable

**CLERK WAIVER**

1. Payment of filing fees is waived.

\_\_\_\_\_  
Signature of court clerk and date

**ORDER**

**IT IS ORDERED:**

- ☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
  - ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- ☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - ☐ b. Other:

**Do not fill out anything on this page**

\_\_\_\_\_  
Judge/Magistrate (when authorized) signature and date

**NOTICE**

**IF YOUR REQUEST WAS DENIED:** To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

\_\_\_\_\_  
Issue date (completed by clerk)