

(Copy Receipt)

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In re the Petition for Change of Name of:

A Minor Child

CASE NO. _____

**NOTICE OF HEARING
(PETITION FOR CHANGE OF NAME OF
A MINOR CHILD)**

TO: _____

1. It has been requested that this matter be scheduled for hearing.

2. A hearing date has been set:

On: _____ [Date] _____ [Time]

**At: SPOKANE COUNTY SUPERIOR COURT, 1116 W BROADWAY, SPOKANE,
WA 99260 Courtroom/Department: Rm #304 – ExParte Dept.**

3. The purpose of the hearing is to determine whether the relief requested in the Petition for Change of Name of a minor child should be granted.

4. If you believe that granting the petition would not be in the child's best interest you may appear and show cause at the time of the hearing.

Dated: _____

COURT COMMISSIONER/JUDGE

Presented by:

Print or Type Name