

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR CHANGE OF
NAME (RCW 4.24.130)**

Hearing Date: _____

Time: 9:00 a.m.

Location: 721 N. Jefferson, Court Room 203

1. I am applying for a Court Order which will change my name:

A. FROM: (Current Full Legal Name)

Current First Name

Current Middle Name

Current Last Name

B. TO: (New Legal Name Desired)

Proposed First Name

Proposed Middle Name

Proposed Last Name

2. This “*Petition for Change of Name*” is made for the following reason(s):

3. I reside in Spokane County? Yes No

4. Does any person (entity) have guardianship over your person or estate? Yes No

5. Do you have picture identification to show at time of name change? Yes No

6. Is this Petition being made to avoid creditors? Yes No
7. Is this Petition being made for any illegal or fraudulent purpose? Yes No
8. Is this Petition being made because of domestic violence and you desire to have the name changed sealed due to reasonable fear for safety (RCW 4.24.130 (5))? Yes No

If you marked "Yes" – You must file your Sealed Name Change Petition with Superior Court.

9. I AM under the jurisdiction of the Department of Corrections (or under probation with the Department of Corrections)? * Yes No
10. I AM required to register as sex offender under RCW 9A.44.130? ** Yes No
11. Is there anything else you would like to present to the Court in support of your name change? Please describe. _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this date

Petitioner's Signature

Print Petitioner's Name

* If under the jurisdiction of Department of Corrections, a copy of this application (petition) shall be submitted (BY THE PETITIONER) to said Department not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Department within five (5) days of entry of an order granting name change. Violation of a misdemeanor. RCW 4.24.130(2).

** If subject to registration under RCW 9A.44.130 (sex offender statute) a copy of this application (petition) shall be submitted (BY THE PETITIONER) to the Spokane County Sheriff AND the Washington State Patrol not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Sheriff and the WSP within three (3) business days of entry of an order granting name change. See RCW 9.44.130(7).

District Court complies with Americans with Disability Act – for accommodations contact Court Operations Manager 477-2903

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**PETITION FOR CHANGE OF
NAME CONFIDENTIAL
INFORMATION SHEET**

1. DATE OF BIRTH:

Month Day Year

2. RESIDENTIAL ADDRESS:

Street

City State Zip

Phone

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this date

Petitioner's Signature

Print Petitioner's Name