

**IN THE COURT OF COMMON PLEAS, LUCAS COUNTY, OHIO
JUVENILE DIVISION**

In the matter of:

Case Number: _____

Mother's Name

Address

City, State, Zip

Father's Name

Address

City, State, Zip

PRO SE MOTION FOR NAME CHANGE

Now comes the Petitioner, _____, who states
(Mother / Father)
that paternity was previously established with this court. Petitioner requests this Court to change the name of the minor
child(ren) herein from _____
to _____.

Petitioner's Signature

**The upper portion of the attached "Court Ordered Paternity" form must be filled out completely and accompany
this motion when being filed.**

Determination of Paternity

The information on this form is used to create a New Birth Certificate

Section 3705.09 of the Ohio Revised Code states that when a man is presumed or found to be the father of a child according to section 3111.01 to 3111.19 of the Revised Code, or the father has acknowledged that child as his child in accordance with Section 2105.18 of the Revised Code, and documentary evidence of such fact is submitted to the Ohio Department of Health in such form that may be required, a new birth record shall be established.

Child's Personal Data

Name of Child from Original Birth Record	Name of Child after Court Ordered Paternity
SS#	

Child's Place of Birth (City, County, State)	Child's Date of Birth (MM,DD,YY)	Child's Sex
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Mother's Maiden Name	Mother's Present Name
SS#	

INFORMATION PROVIDED ON THIS FORM IS TO BE USED TO ESTABLISH A NEW BIRTH CERTIFICATE FOR THE ABOVE-NAMED CHILD. NOTE: ALL INFORMATION CONCERNING THE FATHER IS TO BE GIVEN AS OF THE TIME OF THIS CHILD'S BIRTH.

Father's Full Name	Father's Place of Birth (State or Foreign Country)
SS#	

Father's Date of Birth	Father's Race (American, Indian, Black, White, etc., Please Specify)
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Father's Origin or Descent (Italian, Mexican, German, English, etc., Please Specify)	Is Father of Hispanic Origin? Yes or No <small>(If Yes Specify – Mexican, Cuban, Puerto Rican, etc.)</small>
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Father's Usual Occupation	Father's Type of Business or Industry	Father's Education (Highest Grade Completed)
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Certification

State of Ohio Court of Common Pleas
 County of Lucas Juvenile Division

I hereby certify that _____ has been determined to be the father of the
(Father's Name)

above-named child on _____ in Case No. _____, and order the Ohio
(Date)

Department of Health to create a new birth record for this child.

Dated: _____

 Judge, Magistrate or Clerk

**IN THE COURT OF COMMON PLEAS, LUCAS COUNTY, OHIO
JUVENILE DIVISION**

In the matter of:

Case Number: _____

Name Date of Birth Last 4 Digits of SS #

Name Date of Birth Last 4 Digits of SS #

PRAECIPE FOR SERVICE

NOTE: YOU WILL NOT BE GIVEN A HEARING DATE UNLESS ALL FORMS ARE FILLED OUT COMPLETELY AND ALL FULL ADDRESSES ARE FURNISHED.

TO THE CLERK: Please serve a copy of _____
filed _____ upon the following persons by:

- Certified Mail
- Personal Service
- Other, Please Specify _____

Mother's Name: _____

Mother's Address: _____

Mother's City, State, Zip Code: _____

Father's Name: _____

Father's Address: _____

Father's City, State, Zip Code: _____

Legal Custodian's Name: _____

Legal Custodian's Address: _____

Legal Custodian's City, State, Zip Code: _____

Petitioner's Signature

Petitioner's Signature

**IN THE COURT OF COMMON PLEAS, LUCAS COUNTY, OHIO
JUVENILE DIVISION**

In the matter of:

Case Number: _____

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

PERSONAL IDENTIFIER INFORMATION FORM

Notice: Effective July 1, 2009, documents filed in, or submitted to this Court **SHOULD NOT** contain “personal identifiers.”
The following information will be maintained separately from the case file documents.

1. Child Protection Cases - a juvenile’s name in an Abuse, Neglect or Dependency case is confidential. Use only initials, a generic abbreviation or “child.” The child’s actual identity will be referenced on this FORM only.

Child #1 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #2 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #3 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #4 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #5 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #6 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name

2. All Other Case Types - Social Security Numbers (except for the last 4 digits) are confidential. Full social security numbers must NOT be included in pleadings; they should be included on this FORM only.

Party #1 / Petitioner’s Name: _____ Complete SS # _____
Party #2 / Respondent’s Name: _____ Complete SS # _____
Party #3 / Additional Party’s Name: _____ Complete SS # _____
Party #4 / Additional Party’s Name: _____ Complete SS # _____
Party #5 / Additional Party’s Name: _____ Complete SS # _____
Party #6 / Additional Party’s Name: _____ Complete SS # _____

Any other documents filed/submitted to the Court SHOULD NOT include the following Personal Identifiers. If your filing requires any of the following personal identifiers listed below, please list the information ON THIS FORM ONLY.

Financial Account #(s): _____ Debit Card #(s): _____
Charge Card #(s): _____ Credit Card #(s): _____
Employer or Employee Identification #(s): _____

If Domestic Violence is indicated, Victim’s Address should be listed on this form and NOT on the pleadings:

