

# Adult Name Change

This toolkit tells you how to change your name. FORMS ARE INCLUDED.

You can use the forms in this toolkit to ask a court to change your name if:

1. You are at least 18 years old.
2. You file a petition asking for a name change in the Texas county where you live.
3. You provide the court with complete information about all felonies and Class A or B misdemeanors with which you have been charged.
4. You have either:
  - Never been convicted of a felony. or
  - If you have been convicted of a felony, you provide proof that you were either pardoned or it has been at least two years since you were discharged from prison or completed probation.
5. You are either:
  - Not required to register as a sex offender, or
  - If you are required to register as a sex offender, you provide proof that you notified your local law enforcement authority that you are asking the court to change your name.

This  
Packet  
includes

1. Instructions to change the name of an adult
2. Petition to Change the Name of an Adult
3. Order to Change the Name of an Adult
4. Sample Testimony for Change of Name Adult
5. Affidavit for Prove-Up of Name Change
6. Civil Case Information Sheet
7. Statement of Inability to Afford Payment of Court Costs

Note: You may not need all of the forms listed or you may need additional forms. Get more information at [www.TexasLawHelp.org](http://www.TexasLawHelp.org). Talk to a lawyer if you have questions.

## Instructions to Change the Name of an Adult

**Warning:** *The information and forms in this guide are not a substitute for the advice and help of a lawyer.*

**You can use the forms in this guide to ask a court to change your name if:**

1. You are at least 18 years old.
2. You file a petition asking for a name change in the Texas county where you live.
3. You provide the court with complete information about all felonies and Class A or B misdemeanors with which you have been charged.
4. You have either:
  - Never been convicted of a felony, or
  - If you have been convicted of a felony, you provide proof that you were either pardoned or it has been at least two years since you were discharged from prison or completed probation.

**Note:** Even if you were convicted of a felony, you may be able to change your name without waiting two years if you are asking to change your name to the primary name used in your criminal history record information. See [Texas Family Code 45.103\(b\)\(2\)](#).

5. You are either:
  - Not required to register as a **sex offender**, or
  - If you are required to register as a **sex offender**, you provide proof that you notified your local law enforcement authority that you are asking the court to change your name.

**To print out both the instructions and forms, [click here](#).**

## Checklist Steps

### ☐ **Step 1: Fill out your court forms.**

Fill out these forms:

- [Petition to Change the Name of an Adult](#) (if the link does not work, scroll down to the bottom of this page for links to forms)

This form asks the judge to change your name. It also tells the judge if you have a criminal record.

This form **MUST** be signed in front of a notary. Do **not** sign it until you are in front of a notary.

- **[Order Changing the Name of an Adult](#)**

The judge signs this form to legally change your name. Fill out all spaces on the form except for the judge's signature.

Fill out this additional form only if you have a low-income, receive public assistance because you have a low income, or cannot pay the court filing fee:

- **[Statement of Inability to Afford Payment of Court Costs](#)**. This form asks the judge to waive the court filing fee. The judge may ask you to present evidence of income and expenses at a hearing. Read **[Court Fees & Fee Waivers](#)** for more information

**Note:** You can print your court forms and fill them out neatly in blue or black ink.

Fill out all the spaces on the forms unless instructed otherwise. The judge and court clerks will not fill them out for you. The judge may deny the name change if the information is inaccurate or incomplete.

☐ **Step 2: Get your fingerprints taken.**

Get a legible and complete set of your fingerprints made on a Texas Department of Public Safety of Federal Bureau of Investigations fingerprint card. There will be a fee for this service. Check with local law enforcement or do some online research to learn where to get your fingerprints taken.

☐ **Step 3: Collect additional paperwork if you have a felony conviction or if you are a sex offender.**

**If you have a felony conviction:**

For each felony conviction, get proof that:

1) you have been pardoned, or

2) it has been at least two years since you were discharged or completed probation.

Note: if you were convicted of a felony, you may be able to change your name without waiting two years if you are asking to change your name to the primary name used in your criminal history record information. See [Texas Family Code 45.103\(b\)\(2\)](#). If that is the case, get proof of what your name is in your criminal history record information.

If you were pardoned, get a copy of your pardon or clemency proclamation from the Secretary of State Registrations Unit. Get more information here: [FAQs about Clemency Process](#).

- If you served time in a Texas prison, get a copy of your discharge papers from the Classification and Records Division of the Texas Department of Criminal Justice. If you served time in another state or federal prison, get a copy of your discharge papers from that state's department of criminal justice or the Federal Bureau of Prisons.
- If you were on felony probation or juvenile probation for a felony, get proof that you completed your period of probation from the district clerk's office in the county where you were prosecuted.

**If you are required to register as a sex offender:** Get proof that you have notified local law enforcement that you intend to ask the court to change your name

Write **Exhibit** at the top of each document and attach each document to your **Petition to Change the Name of an Adult** form.

#### ☐ **Step 4: Make copies.**

Make a copy of your completed *Petition to Change the Name of an Adult*, fingerprint card and, if applicable, your *Statement of Inability to Afford Payment of Court Costs*.

#### ☐ **Step 5: File your Petition in the county where you live.**

You can file in person or e-file online.

To file in person, take the following to the district clerk's office in the county where you live:

- Petition to Change the Name of an Adult
- Fingerprint Card
- Statement of Inability to Afford Payment of Court Costs (only if you are asking the judge to waive the filing fee)

To e-file online, follow the instructions included with the [Automated Online Interview for Adult Name Change](#). You will e-file your Petition and, if applicable, a Statement of Inability to Afford Payment of Court Costs. Contact the clerk's office regarding whether they require a scanned and attached copy of your fingerprint card to the petition and later take your original fingerprint card to your court hearing.

If you do not use the automated interview, to file your forms online, go to [E-File Texas](#), and follow the instructions there.

To file your forms in person, take your Petition and additional starting forms (and copies) to the district clerk's office in the county you determined is the correct county to file in.

#### **At the clerk's office:**

- Turn in your Petition and other starting forms (and copies).
- Pay the filing fee (or file your completed Statement of Inability to Afford Payment of Court Costs if you cannot afford the fee). You can call the clerk's office ahead of time to learn the filing fee for your case.
- Ask the clerk if there is a local standing order that you need to follow or attach to any of your documents.
- Ask the clerk if there are local rules or procedures you need to know about for name changes.
- The clerk will write your "Cause Number" and "Court Number" at the top of the first page of your Petition. Write these numbers at the top of any document you file in your name change case.)
- The clerk will "**file stamp**" your copies with the date and time. The clerk will keep the original and give you back your copies.
- Read [What Court Employees Can and Cannot Do](#), because court staff cannot give you legal advice.

Whether you file in person or e-file online, you must **pay a filing fee** or, if you have a low income, file a [Statement of Inability to Afford Payment of Court Costs](#). Contact the district clerk's office in your county to learn the filing fee for an adult name change.

If you file in person, the clerk will "file-stamp" the copy of your Petition with the date and give the copy back to you.

#### ☐ **Step 6: Get ready for court.**

Contact the District Clerk's office in your county to learn:

- How to get an uncontested hearing for an adult name change. Some counties will schedule a date and time for your hearing. Other counties have a time you can walk-in to see the judge.
- If there are local rules that you need to know for your name change case.
- If the court requires you to get a criminal background check before your hearing.
  - If you need a criminal background check, mail your fingerprint card to the Texas Department of Public Safety (DPS) with a file-stamped copy of your Petition to Change the Name of an Adult with the court. There is a fee for this service.
  - DPS will send the results directly to the court. The [Texas Department of Public Safety \(DPS\)](#)'s website has [specific instructions](#) on submitting fingerprint cards for a legal name change. [Form CS-65](#) has the steps you need to follow.
- Read [Tips for the Courtroom](#).

#### ☐ **Step 7: Go to your court hearing.**

Bring the following to your court hearing:

- Your **Order Changing the Name of an Adult form** completely filled out, except for the judge's signature,
- A file-stamped copy of your Petition to Change the Name of an Adult and all the exhibits you filed with your Petition,

- Your fingerprint card (if you e-filed your Petition),
- Proof of your identity, such as your passport, driver's license or state identification card.
- [Sample testimony for adult name change](#) (which you should complete and review before court).

When you get to the courthouse, stop by the clerk's office to find out where to go and whether or not you need to bring the court file.

When you get to the courtroom, check in with the clerk.

When the judge calls your case, stand in front of the judge's bench.

- The judge will swear you in and review your forms.
- The judge may ask you some questions about your name change, or you may read your [sample testimony for adult name change](#).
- Some judges will require that you testify under oath that you are not changing your name to avoid criminal prosecution or get out of paying a debt.

If everything is in order, the judge will sign your Order Changing the Name of an Adult form.

NOTE: During the coronavirus crisis, some courts are letting people go to court virtually or submit something called a "prove up affidavit." Read [Virtual Court](#). Ask if your court is accepting prove-up affidavits. If so, you may be able to use the [Adult Name Change Prove-Up Affidavit](#).

#### ☐ **Step 8: File the Order signed by the Judge and get certified copies.**

Once the judge has signed the Order changing your name, the clerk in the courtroom may file the Order or you may need to take the Order to the clerk's office to be filed. Your name will not be changed until the Order is filed.

Get several certified copies of the Order from the clerk. There is a fee for certified copies, but you will need certified copies of the Order to get your official documents changed to your new name.

❑ **Step 9: Change official documents to show your new name.**

It is your responsibility to have your official documents changed to show your new name.

To change your social security card, take or mail a certified copy of the order changing your name to your local social security office. For more information visit: [U.S. Social Security Administration](#).

To change your driver's license or state identification card, you must take a certified copy of the order changing your name to a Texas Department of Public Safety office. For more information, contact the [Texas Department of Public Safety \(DPS\)](#).

To change your name on your voter registration card, notify your County Voter Registrar in writing. For more information, contact the [Texas Secretary of State](#).

To change your name on your passport, notify the **U.S. State Department**.

You can also change your name on your birth certificate if you choose, but it is not required. If you wish to change your birth certificate, you will need to get an [Application to Amend Certificate of Birth](#) from the Texas Vital Statistics Unit.



Cause Number: \_\_\_\_\_

(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

**Name Change of:** \_\_\_\_\_

In the \_\_\_\_\_  
Court Number

☐ District Court ☐ County Court at Law

\_\_\_\_\_  
Print current full legal name of person asking for name change.

\_\_\_\_\_  
County,  
Texas

## Petition to Change the Name of an Adult

Print your answers.

### 1. Discovery Level

The discovery level in this case, if needed, is Level 1.

### 2. Petitioner

a. My current legal name is:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

b. I ask the Court to change my legal name to:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

c. The reason I want to change my name is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or ☐ I am not required to provide the reason I want to change my name, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

### 3. Personal Information

My personal information is as follows:

a. Home address : \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City County State ZIP code

Or ☐ I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

b. Social Security Number: \_\_\_\_\_ Or ☐ I do not have a Social Security Number.

c. Date of birth: \_\_\_\_\_  
Month Day Year

d. All drivers' license numbers issued to me during the last 10 years:

License number	State	License number	State
_____	_____	_____	_____
_____	_____	_____	_____

Or ☐ I have not had a driver's license during the last 10 years.

e. Place of birth: \_\_\_\_\_  
city county state country

f. Sex listed on my birth certificate: ☐ Male ☐ Female

g. Race: \_\_\_\_\_

#### 4. Criminal History

a. Have you ever been **charged** with a Class A or B misdemeanor or a felony? ☐ Yes ☐ No

If yes -- Write your FBI (Federal Bureau of Investigations) or SID (State Identification) number:

FBI Number \_\_\_\_\_ SID Number \_\_\_\_\_

List **all** Class A or B misdemeanors and felonies with which you have been charged, whether or not you were convicted. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

b. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes: The court may order your name changed if you were pardoned or at least two years have passed since you received a certificate of discharge or completed court ordered community supervision or juvenile probation, or if you are asking to change your name to the primary name used in your criminal history record. You must attach proof to this petition.

List all of your felony convictions here. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court

c. Are you required to register as a sex offender? ☐ Yes ☐ No

If yes: You must attach proof that you notified the appropriate local law enforcement authority of your proposed name change.

## 5. Request for Judgment

I believe this name change is in my interest or benefit and in the interest of the public.

I ask the Court to make an Order to change my name, and any other Orders I may be entitled to.

→ \_\_\_\_\_  
Your Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Phone

\_\_\_\_\_ Your Printed Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Email Address: \_\_\_\_\_ Fax (if any) \_\_\_\_\_

## 6. Verification (You must sign in front of a notary below.)

I swear under oath that the facts stated in this Petition to Change the Name of an Adult are true and correct.

→ \_\_\_\_\_  
Your Signature - Do NOT sign until you are in front of a notary!

Notary fills out below.

State of \_\_\_\_\_  
(Print name of state where this Petition is notarized)

County of \_\_\_\_\_  
(Print the name of the county where this Petition is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

by \_\_\_\_\_  
(Print name of person who is signing this Petition. NOT the notary's name.)

[Notary Stamps Here]

\_\_\_\_\_  
Notary's Signature

**You must attach these documents to your Petition:**

- ☐ A legible and complete set of your **fingerprints** on a fingerprint card in a form acceptable to the Texas Department of Public Safety and Federal Bureau of Investigations. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and you were pardoned, attach proof of pardon for each conviction. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and it has been at least 2 years since you were discharged or completed probation or parole, attach proof that you were discharged or that you completed probation or parole for each conviction. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and are asking to change your name to the primary name used in your criminal history record information, attach a copy of your criminal history record.
- ☐ If you are required to register as a sex offender, attach proof that you notified the appropriate local law enforcement authority of your proposed name change. Write "**Exhibit**" at the top.
- ☐ If you are not required to provide your home address or the reason you want to change your name because you are a participant in the Office of the Attorney General's Address Confidentiality Program, attach a copy of your authorization card certifying that you are a participant in the Address Confidentiality Program. Write "**Exhibit**" at the top.

Cause Number: \_\_\_\_\_  
Print court information exactly as it appears on Petition

**Name Change of:**

In the \_\_\_\_\_  
Court Number

☐ District Court ☐ County Court at Law

\_\_\_\_\_  
Print current full legal name of person asking for name change. \_\_\_\_\_ County, Texas

## Order Changing the Name of an Adult

A hearing took place on: \_\_\_\_\_  
Today's date

### 1. Appearances

The Petitioner appeared in person without an attorney.

### 2. Jurisdiction.

The Court finds that it has jurisdiction over this case and the Petitioner.

### 3. Record.

- ☐ A court reporter recorded today's hearing.  
☐ A court reporter did not record today's hearing.

### 4. Findings

The Court finds that Petitioner's personal information is as follows:

a. Current legal name: \_\_\_\_\_  
First Middle Last

b. Home Address: \_\_\_\_\_  
Street address City County State ZIP code

c. Social Security Number: \_\_\_\_\_

Or ☐ Petitioner does not have a Social Security Number.

d. All driver's license numbers issued to Petitioner during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____

Or ☐ Petitioner has not had a driver's license during the last 10 years.

e. Date of birth: \_\_\_\_\_  
Month Day Year

f. Place of birth: \_\_\_\_\_  
City County State Country

g. Petitioner is: (Check one.) ☐ Male ☐ Female

h. Petitioner's race is: \_\_\_\_\_.

i. Petitioner: (Check one.)

☐ does **not** have an FBI number or SID number.

☐ has a Federal Bureau of Investigations (FBI) number, which is: \_\_\_\_\_.

☐ has a State Identification (SID) number, which is: \_\_\_\_\_.

j. Petitioner: (Check one.)

☐ has **not** been charged with a class A or B misdemeanor or felony.

☐ **has** been charged with the following class A or B misdemeanors or felonies:

Offense (crime)	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court

k. Petitioner: (Check one.)

☐ has **not** been convicted of a felony.

☐ **has** been convicted of a felony and has been pardoned.

☐ **has** been convicted of a felony and at least two years have passed since Petitioner received a certificate of discharge or completed court ordered community supervision or probation.

☐ **has** been convicted of a felony and is changing their name to the primary name used in their criminal history record information.

l. Petitioner: (Check one.)

☐ is **not** required to register as a sex offender.

☐ **is** required to register as a sex offender and has submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

m. The Petition to Change the Name of an Adult included a legible and complete copy of Petitioner's fingerprints.

n. Petitioner's change of name is in Petitioner's interest or benefit and is in the interest of the public.

## 5. Orders

The Court **ORDERS** that Petitioner's name is changed from:

Current name: \_\_\_\_\_  
First Middle Last

to this name: \_\_\_\_\_  
First Middle Last

## 6. Other Orders

The Court has the right to make other orders, if needed, to clarify or enforce this order. Any orders requested that do not appear above are denied.

SIGNED ON:

\_\_\_\_\_

Date



\_\_\_\_\_

Judge's Signature

**Important:** You may use this script to “prove up” your name change. Fill it out and read it carefully before you go to court. When you read it aloud in court you will be under oath. Do not read any part of this script in court that is not true and correct, because not telling the truth under oath is a crime.

## Sample Testimony for Change of Name of Adult

My current legal name is: \_\_\_\_\_  
first middle last

I am asking the court to change my name to: \_\_\_\_\_

I am above age 18.

I am fully competent to testify.

The facts I am stating today are within my personal knowledge and are true and correct.

I am **not** asking the court to change my name to avoid criminal prosecution.

I am **not** asking the court to change my name to avoid payment of debt.

My home address is: \_\_\_\_\_  
street address city county state ZIP

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

☐ I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program. I attached a copy of my authorization card certifying that I am a participant in the Address Confidentiality Program to my Petition to Change the Name of an Adult.

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

☐ My Social Security Number is listed in the final orders I submitted to the court.

☐ I do not have a Social Security Number.

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

☐ In the final orders I submitted to the court, I listed all driver's license numbers issued to me during the last 10 years:

☐ I **have** not had a driver's license during the last 10 years.

My date of birth is: \_\_\_\_\_  
month day year

My place of birth was \_\_\_\_\_  
city county state country

My gender is: \_\_\_\_\_.

My race is: \_\_\_\_\_.



(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

- ☐ I do **not** have an FBI number or SID number.
- ☐ My FBI (Federal Bureau of Investigations) number is listed in the final orders I submitted to the court.
- ☐ My SID (State Identification) number is listed in the final orders I submitted to the court.

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

- ☐ I have **not** been charged with a class A or B misdemeanor or felony.
- ☐ I **have** been charged with class A or B misdemeanors or felonies and they are listed in the final orders I submitted to the court.

(Check all that apply. When you are talking to the Judge, read **ONLY** the statements that apply.)

- ☐ I have **not** been convicted of a felony.
- ☐ I **have** been convicted of a felony and have been pardoned.
- ☐ I have been convicted of a felony and at least two years have passed since I received a certificate of discharge or completed court-ordered community supervision or probation.
- ☐ I **have** been convicted of a felony and am changing my name to the primary name used in my criminal history record information.

(Check all that apply. When you are talking to the Judge, read **ONLY** the statements that apply.)

- ☐ I am **not** required to register as a sex offender.
- ☐ I **am** required to register as a sex offender and I have submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

My Petition to Change the Name of an Adult included a legible, complete copy of my fingerprints.

My change of name is in my interest or benefit and is in the interest of the public.

I respectfully ask that the Court grant my change of name from:

\_\_\_\_\_ to  
(current legal name)

\_\_\_\_\_  
(proposed new legal name).

That's all I have, Your Honor.

Cause Number: \_\_\_\_\_  
Print court information exactly as it appears on Petition

**Name Change of:**

In the \_\_\_\_\_  
Court Number

☐ District Court ☐ County Court at Law

\_\_\_\_\_  
Print current full legal name of person asking for name change.

\_\_\_\_\_  
County,  
Texas

## Affidavit for Prove-Up of Adult Name Change

My name is \_\_\_\_\_. I am above the age of eighteen years, and I am fully competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

My current legal name is: \_\_\_\_\_  
first middle last

My home address is: \_\_\_\_\_  
street address city county state zip

**Or**

☐ I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program. I attached a copy of my authorization card certifying that I am a participant in the Address Confidentiality Program to my Petition to Change the Name of an Adult.

My Social Security Number is: \_\_\_\_\_

**Or**

☐ I do not have a Social Security Number.

Below, I have listed all driver's license numbers issued to me during the last 10 years:

**Driver's License Number**

**State that Issued License**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Or**

☐ I have not had a driver's license during the last 10 years.

My date of birth is: \_\_\_\_\_  
month day year

My place of birth: \_\_\_\_\_  
city county state country

My gender is: (Check one.) ☐ Male ☐ Female

My race is: \_\_\_\_\_

I: (Check one.)

☐ does **not** have FBI number or SID number.

☐ Petitioner's FBI (Federal Bureau of Investigations) number is: \_\_\_\_\_

☐ Petitioner's SID (State Identification) number is: \_\_\_\_\_

j. Petitioner: **(Check one.)**

- ☐ has **not** been charged with a class A or B misdemeanor or felony.  
☐ **has** been charged with the following class A or B misdemeanors or felonies:

Offense (crime)	Case Number	County	Court Number	Court
				<input type="checkbox"/> District Court
				<input type="checkbox"/> County Court
				<input type="checkbox"/> District Court
				<input type="checkbox"/> County Court
				<input type="checkbox"/> District Court
				<input type="checkbox"/> County Court
				<input type="checkbox"/> District Court
				<input type="checkbox"/> County Court
				<input type="checkbox"/> District Court
				<input type="checkbox"/> County Court

k. Petitioner: **(Check one.)**

- ☐ has **not** been convicted of a felony.  
☐ **has** been convicted of a felony and has been pardoned.  
☐ **has** been convicted of a felony and at least two years have passed since Petitioner received a certificate of discharge or completed court ordered community supervision or probation.  
☐ **has** been convicted of a felony and is changing their name to the primary name used in their criminal history record information.

l. Petitioner: **(Check one.)**

- ☐ is **not** required to register as a sex offender.  
☐ **is** required to register as a sex offender and has submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

m. The Petition to Change the Name of an Adult included a legible and complete copy of Petitioner's fingerprints.

n. Petitioner's change of name is in Petitioner's interest or benefit and is in the interest of the public.

I am asking the court to change my name to: \_\_\_\_\_

### Verification **(Party must sign in front of a notary below.)**

I am the Petitioner, the person asking to change their name. I swear under oath that the facts stated in this Affidavit are true and correct.

\_\_\_\_\_  
Signature of Affiant

**ONLY sign in front of a notary!**

***Notary fills out below.***


State of \_\_\_\_\_  
(Print name of state where this petition is notarized)

County of \_\_\_\_\_  
(Print the name of the county where this Petition is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

by \_\_\_\_\_  
(Print name of person who is signing this Petition. NOT the notary's name.)

*[Notary Stamps Here]*

 \_\_\_\_\_  
Notary's Signature

# CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

STYLED \_\_\_\_\_  
(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:
Name:	Email:	Plaintiff(s)/Petitioner(s):	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> <i>Pro Se</i> Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____	
Address:	Telephone:	Defendant(s)/Respondent(s):		
City/State/Zip:	Fax:			
Signature:	State Bar No:			
		[Attach additional page as necessary to list all parties]		Additional Parties in Child Support Case:  Custodial Parent: _____  Non-Custodial Parent: _____  Presumed Father: _____

2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil			Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____  <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____  <div style="text-align: center;"><b>Related to Criminal Matters</b></div> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children  <div style="text-align: center;"><b>Other Family Law</b></div> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other  <div style="text-align: center;"><b>Title IV-D</b></div> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order  <div style="text-align: center;"><b>Parent-Child Relationship</b></div> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment	Other Civil			
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____		
Tax	Probate & Mental Health			
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<div style="display: flex; justify-content: space-between;"> <div> <i>Probate/Wills/Intestate Administration</i>  <input type="checkbox"/> Dependent Administration  <input type="checkbox"/> Independent Administration  <input type="checkbox"/> Other Estate Proceedings                             </div> <div> <input type="checkbox"/> Guardianship—Adult  <input type="checkbox"/> Guardianship—Minor  <input type="checkbox"/> Mental Health  <input type="checkbox"/> Other: _____                             </div> </div>			

3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



Cause Number: \_\_\_\_\_  
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: \_\_\_\_\_  
(Print first and last name of the person filing the lawsuit.)

And

Defendant: \_\_\_\_\_  
(Print first and last name of the person being sued.)

In the (check one):  
☐ District Court  
☐ County Court / County Court at Law  
☐ Justice Court

Court  
Number

Texas

County

**Statement of Inability to Afford Payment of Court Costs  
or an Appeal Bond in Justice Court**

**1. Your Information**

My full legal name is: \_\_\_\_\_ My date of birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Last Month/Day/Year

My address is: (Home) \_\_\_\_\_  
(Mailing) \_\_\_\_\_

My phone number: \_\_\_\_\_ My email: \_\_\_\_\_

About my **dependents**: "The people who depend on me financially are listed below.

	Name	Age	Relationship to Me
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

**2. Are you represented by Legal Aid?**

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☐ I am not represented by legal aid. I did not apply for representation by legal aid.

**3. Do you receive public benefits?**

☐ I do not receive needs-based public benefits. - or -

☐ I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD  
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance  
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")  
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant  
☐ County Assistance, County Health Care, or General Assistance (GA)  
☐ Other: \_\_\_\_\_

#### 4. What is your monthly income and income sources?

"I get this monthly income:

\$ \_\_\_\_\_ in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_.  
Your job title Your employer

\$ \_\_\_\_\_ in monthly unemployment. I have been unemployed since (date) \_\_\_\_\_.

\$ \_\_\_\_\_ in public benefits per month.

\$ \_\_\_\_\_ from other people in my household each month: (List only if other members contribute to your household income.)

\$ \_\_\_\_\_ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp  
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties  
☐ Child/spousal support  
☐ My spouse's income or income from another member of my household (If available)

\$ \_\_\_\_\_ from other jobs/sources of income. (Describe) \_\_\_\_\_

\$ \_\_\_\_\_ is my **total monthly** income.

#### 5. What is the value of your property?

"My **property** includes:

**Value\***

Cash \$ \_\_\_\_\_

Bank accounts, other financial assets \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Vehicles (cars, boats) (make and year)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other property (like jewelry, stocks, land, another house, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total value of property** → \$ \_\_\_\_\_

#### 6. What are your monthly expenses?

"My **monthly expenses** are:

**Amount**

Rent/house payments/maintenance \$ \_\_\_\_\_

Food and household supplies \$ \_\_\_\_\_

Utilities and telephone \$ \_\_\_\_\_

Clothing and laundry \$ \_\_\_\_\_

Medical and dental expenses \$ \_\_\_\_\_

Insurance (life, health, auto, etc.) \$ \_\_\_\_\_

School and child care \$ \_\_\_\_\_

Transportation, auto repair, gas \$ \_\_\_\_\_

Child / spousal support \$ \_\_\_\_\_

Wages withheld by court order \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Debt payments paid to: (List) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** → \$ \_\_\_\_\_

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

#### 7. Are there debts or other facts explaining your financial situation?

"My **debts** include: (List debt and amount owed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐

#### 8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☐ I cannot afford to pay court costs.

☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is \_\_\_\_\_. My date of birth is : \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

My address is \_\_\_\_\_  
Street City State Zip Code Country

\_\_\_\_\_ signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
Signature Month/Day/Year county name State