

PROCEDURES FOR NAME CHANGE OF AN ADULT

This form packet contains these documents:

1. Name Change Checklist
2. Original Petition for Change of Name of Adult
3. Civil Case Information Sheet
4. Order Granting Name Change
5. Sample Prove Up

Steps to Follow:

- 1. Prepare the Original Petition for Change of Name of Adult.** You may use this form as a “fill in the blank” if it fits your set of circumstances. Otherwise, you should re-type or re-write the Petition, including only the information that applies to your personal set of circumstances. You will be assigned a case number and court when you file. Sign the declaration on this form under penalty of perjury. (You could be criminally prosecuted for lying on this form.)
- 2. Fill out the Civil Case Information Sheet completely.**
- 3. Make two additional copies of the completed Original Petition before filing. (You do not need a copy of the civil case information sheet.)**
- 4. File the Original Petition and Civil Case Information Sheet** in the District Clerk’s office on the first floor of the courthouse at 2100 Bloomdale Road in McKinney. You will be required to pay a filing fee to the Clerk at this time. The clerk will file-stamp the original and copies with the date and time, and return the copies to you.
- 5. You will be required to get fingerprints taken and sent to the Texas Department of Public Safety (DPS) for a background check.** Information on how to do this is attached. After the fingerprint cards have been sent to DPS, wait 6 weeks, and then call the District Clerk’s office to see if the cards are in the file. If so, make an appointment for a hearing with the judge.
- 6. Prepare the Order Granting Name Change** prior to the hearing.
- 7. At the hearing,** you will state the facts of your petition as shown on the Sample Prove Up sheet. The judge will not help or ask questions. Give the Order Granting Name Change to the judge to sign after he or she hears the Prove Up.

Name Change Checklist

Some places to contact after you have changed your name:

- 1. Social Security**
- 2. Motor-vehicle agency**
- 3. Passport agency**
- 4. Financial services, including banks, credit cards, retirement plans, and insurance companies**
- 5. Utilities and phone company**
- 6. Medical services, including doctor, dentist, and health plan**
- 7. Voter registration**
- 8. Employer**
- 9. Estate lawyer, for will and other estate planning documents**
- 10. Schools and alumni groups**
- 11. Airlines and frequent-flier miles**
- 12. Family and friends**



**TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS DIVISION
Access & Dissemination Bureau**



Personal Review

PROCEDURE FOR REVIEW OF PERSONAL CRIMINAL HISTORY RECORD INFORMATION

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with the fingerprinting vendor to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed or emailed to the address provided by the individual.

If you need a FBI Personal Review paste the following link into an internet browser:

<https://www.edo.cjis.gov>

PLEASE NOTE: The Texas Department of Public Safety will not send fingerprint results for any fingerprints that are over 30 days old. Please contact DPS within 14 days from the date you were fingerprinted if you have not received your fingerprint results.

SCHEDULING YOUR FINGERPRINT APPOINTMENT:

Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080.

When Scheduling Online:

1. Select **Schedule Appointment**.
2. Select **Delivery Option**.
3. Enter the **Designated Recipient's Information**.
4. Follow the prompts to enter requested information.

Please keep your receipt for the UE ID # (See #5 of "Your Fingerprint Appointment")

When Scheduling Over The Phone:

1. Have the Texas Fingerprint Service Code form before calling.
2. You will be prompted to enter the service code.
3. The service code for a personal review is **11FT12**
4. The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
5. Select a location nearest to you for your fingerprint appointment.

6. Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

YOUR FINGERPRINT APPOINTMENT:

1. Arrive at your scheduled appointment with your photo identification and fee payment.
2. If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
http://www.dps.texas.gov/administration/crime_records/docs/ProveIdForFingerprinting.pdf
3. Social Security number is optional. To have your Social Security number printed on your Criminal History results, you must provide this information at the time of fingerprinting.
4. The fingerprinting vendor accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
****Please note that personal checks and cash will not be accepted.***
5. Your fingerprints will be submitted electronically to DPS. You will not receive a printed fingerprint card.
6. At the conclusion of your appointment, the enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - a) **Do not throw away the receipt. You will need your UE ID # if you chose the email option.**
 - b) You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11FT12>

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety in accordance with applicable statutes.

FINGERPRINTS SUBMITTED BY MAIL THROUGH THE FINGERPRINTING VENDOR: The following process must be followed to submit fingerprint hard cards to the fingerprinting vendor. The results will be mailed or emailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-2474 option 2.

1. COMPLETE THE FINGERPRINT CARD:

Following information regarding person whose record is to be searched, must be completed on the fingerprint card:

- a) Printed last name, first name, middle name of individual, including all alias names.
- b) Sex, race, date of birth
- c) Social Security number is optional: To have your Social Security number printed on your Criminal History results, you must provide this information on the fingerprint card.
- d) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit <https://uenroll.identogo.com/servicecode/11FT12> or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.

2. PRE-ENROLL YOUR FINGERPRINT:

Online Registration:

- a) You may begin the process now by clicking on this link:
<https://uenroll.identogo.com/servicecode/11FT12>
- b) Choose "Submit a fingerprint card."
- c) Select "Pay for Ink Card Submission" button and complete all required fields on the following page.
- d) Complete payment screen. Payment may be made online by credit card or a coupon code only.
- e) Print the authorization letter containing a bar code.
- f) Sign the authorization letter and fill in contact information.

Telephone Registration:

- a) You may contact the fingerprinting vendor at 1-888-467-2080.
- b) The fingerprinting vendor will prompt you for the Service Code.
- c) The service code for a personal review is **11FT12**.
- d) Inform the representative that you wish to pre-enroll for a "hard card submission."
- e) Once payment is complete a summary confirmation document will be emailed to you.
- f) Print the confirmation document, sign the authorization letter and fill in the contact information.

3. SUBMISSION:

When the payment is completed, you will receive an authorization letter (barcode) which will include the mailing address to Identogo. Print, read, and complete the authorization letter. The following will need to be mailed; completed fingerprint cards and authorization letter.



IdentoGO
By MorphoTrust USA

Texas Fingerprint Service Code Form

Personal Review

Service Name: Personal Review

To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following service code

11FT12

Background Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080

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.

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

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)	
Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <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 Malpractice <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 Product Liability <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: _____ _____ Related to Criminal Matters <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 Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <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 Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <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	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings			<input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	

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

4. Indicate damages sought (do not select if it is a family law case):
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000

NO. _____

IN THE MATTER OF THE

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IN THE DISTRICT COURT

CHANGE OF NAME OF:

_____ JUDICIAL DISTRICT

COLLIN COUNTY, TEXAS

ORIGINAL PETITION FOR CHANGE OF NAME OF ADULT

1. Discovery

Discovery in this case, if needed, is intended to be conducted under Level 2 of Rule 190 of the Texas Rules of Civil Procedure.

2. Parties

This suit is brought by _____ (*present name of Petitioner*), Petitioner, who resides at _____, _____ (*city*) _____ (*county*) County, Texas.

Petitioner is an adult. In accordance with section 45.102 of the Texas Family Code, the following information is supplied about Petitioner:

Full present name: _____

Sex: Male (*or*) Female (*select one*)

Race: _____

Date and place of birth: _____ (*date*)

_____ (*place of birth*)

Driver's license number and state of issuance of any license issued within the past ten years:

None (*select if you have not had a driver's license issued within the last 10 years*)

DL# _____ (driver's license number)

State _____ (issuing state)

(Fill in if you have any additional driver's licenses issued in the last 10 years.)

DL# _____ (driver's license number)

State _____ (issuing state)

Social Security number: _____

FBI or SID number, if known, or other reference number to a criminal-history record system:

None (select if you have not ever had an FBI, SID or other identifying number in the criminal records system).

Petitioner's FBI number is _____. Petitioner's SID number is _____.
_____. Petitioner's _____ (any other criminal record ID number) number is _____.

3. Criminal History

None. No offense has been charged against Petitioner above the grade of class C misdemeanor. (or)

The following offense[s] [has/have] been charged against Petitioner above the grade of class C misdemeanor: (select one)

Offense: _____

Case number: _____

Court of offense: _____

Petitioner has not been the subject of a final felony conviction. (or)

Petitioner has been the subject of a final felony conviction. (select one)

Petitioner has been convicted of the following felony offense(s):

Felony Offense: _____

Case number: _____

Court of offense: _____

Petitioner (*select one*):

- was discharged from prison with a date of the receipt of discharge at least two years ago
- completed community supervision with a date of completion at least two years ago
- completed juvenile probation at least two years ago (*or*)
- was pardoned

for this felony on _____. (*date*)

Attached as Exhibit _____ is a true and correct copy of the (*select one*):

- certificate of discharge
- certificate of completion of community supervision
- certificate of completion of juvenile probation (*or*)
- pardon.

(*Select one.*)

Petitioner is not subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure.

Petitioner is subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure. Attached to this Petition as Exhibit ____ is proof that the Petitioner has notified the appropriate local law enforcement of the proposed name change.

(*Select any of the following that apply to the fingerprint card by placing a check mark and filling in the required information*)

4. Fingerprints

Attached as Exhibit _____ is a legible and complete set of Petitioner's fingerprints on a fingerprint card format acceptable to the Texas Department of Public Safety and the Federal Bureau of Investigation.

Petitioner will submit a legible and complete set of Petitioner's fingerprints on a fingerprint card format acceptable to the Texas Department of Public Safety and the Federal Bureau of Investigation prior to the final hearing.

5. Relief

Petitioner requests the Court to grant a change of Petitioner's current legal name to

_____. *(full requested name)*

The reason for the requested change is: *(state reason)*

_____. The proposed name change is in the interest or to the benefit of the petitioner and is in the interest of the public.

6. Prayer

Petitioner prays that the Court grant Petitioner's Petition for Change of Name of Adult.

Petitioner prays for general relief.

Respectfully submitted,

Petitioner, Pro Se *(Signature)*

****These forms are not a substitute for legal advice.****

[Typed or printed name]

[Address & telephone number]

[Email address]

PETITIONER'S UNSWORN DECLARATION

My name is: _____
(First) (Middle) (Last)

my date of birth is ___/___/___, and my address is _____ (Street),
_____ (City), _____ (State), _____ (Zip Code), and _____ (Country).

I declare under penalty of perjury that all of the information in this Petition is true and correct.

Signed and executed in _____ County, State of _____, on the _____ day of _____
(Month), _____ (Year).

Declarant"

NO. _____

IN THE MATTER OF THE

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IN THE DISTRICT COURT

CHANGE OF NAME OF

_____ JUDICIAL DISTRICT

COLLIN COUNTY, TEXAS

ORDER GRANTING CHANGE OF NAME OF ADULT

On _____, (date) the Court heard the Petition for Change of Name of Adult of _____, (name of Petitioner) Petitioner.

Petitioner appeared in person and announced ready.

The Court finds that it has jurisdiction of the case and _____, (name of Petitioner) Petitioner.

The record of testimony was duly reported by the court reporter for this court.

The Court finds:

1. Petitioner is an adult.
2. Petitioner's full present name is _____.
3. Petitioner's sex is Male/Female. (select one)
4. Petitioner's race is _____.
5. Petitioner was born on _____ (date) in _____, _____, County, _____.

6. (Select any of the following that apply by placing a check mark)

Petitioner's driver's license number and state of any license issued within the past ten years is:

DL# _____ (driver's license number)

State _____ (issuing state)

DL# _____ (driver's license number)

State _____ (issuing state) (or)

Petitioner has not been issued a driver's license in the last ten years.

7. Petitioner's Social Security number is: _____

8. (Select any of the following that apply by placing a check mark)

Petitioner's FBI number is _____.

Petitioner's SID number is _____.

Petitioner's _____ (any other criminal record ID number)

number is _____.

Petitioner has no FBI, SID, or other criminal record identification number.

9. (Select any of the following that apply by placing a check mark)

No offense has been charged against Petitioner above the grade of class C misdemeanor.

(or)

The following offense[s] [has/have] been charged against Petitioner above the grade of class C misdemeanor. The case number and the court of offense for [the/each] offense for which a warrant was issued or a charging instrument was filed or presented are as follows:

Offense: _____

Case number: _____

Court of offense: _____

Offense: _____

Case number: _____

Court of offense: _____

10. (Select any of the following that apply by placing a check mark)

Petitioner has not been finally convicted of a felony and is not subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure. (or)

Petitioner has been finally convicted of a felony, and the requirements of section 45.103(b) of the Texas Family Code have been met, thus allowing a change of name.

11. (Select any of the following that apply by placing a check mark)

Petitioner is subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure, and the requirements of section 45.103(c) of the Texas Family Code have been met, thus allowing a change of name. (or)

Petitioner is not subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure.

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

IT IS ORDERED that Petitioner's name is changed from _____
_____ to _____
_____.

IT IS ORDERED that all relief requested in this case and not expressly granted is denied.

SIGNED on _____, 20_____.

JUDGE PRESIDING

ADULT NAME CHANGE PROVE-UP

1. Good morning, Your Honor.
2. My name is _____, (*present name*) and I am here to prove-up my requested name change.
3. I am an adult. My race is _____. I am a [male/female.] (*select one*)
4. I was born on _____ in _____, (*county*) _____ (*state*)
5. My full legal name is _____ and I live at _____ (*address*)
6. My Driver's License number is _____ and is from _____ State.
7. My Social Security number is _____.
8. I request that my name be changed to _____ (*requested full name*)
9. The reason for this requested name change is: (*state reason*)

_____.

10. **FELONY CONVICTION**

- I have not been finally convicted of a felony OR
- I have been finally convicted of a felony, and as Petitioner's Exhibit # _____

(*number*), I offer _____ (*Petitioner's Certificate of Discharge by the Texas Department of Criminal Justice, proof of completion of community supervision or proof of pardon*).

(*Select one if you have been finally convicted of a felony and are submitting a certificate of discharge, completion of community supervision, or completion of juvenile probation.*)

I was discharged from prison with a date of the receipt of discharge at least two years ago.

I completed community supervision with a date of completion at least two years ago.

I completed juvenile probation at least two years ago.

11. *REGISTRATION REQUIREMENTS*

I am not subject to the sex offender registration requirements of chapter 62 of the Texas Code of Criminal Procedure OR

I am subject to the registration requirements of chapter 62 of the Texas Code of Criminal Procedure and as Petitioner's Exhibit # _____ (*number*), I offer _____ (*proof of notification to local law enforcement authority of the proposed name change*).

12. I am not requesting this name change for the purpose of falsifying records, to avoid any debts, or for any other wrongful, fraudulent, or capricious act.

13. My requested change of name is in the interest or to the benefit of Petitioner and is in the interest of the public.

14. I ask the Court to grant me a name change from _____ (*present full name*) to _____ (*requested full name*)

15. Thank you. That's all I have Your Honor.

Give the judge your prepared order granting change of name