

| | | |
|--|--|---------------------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY | PETITION FOR NAME CHANGE AND EX PARTE REQUEST FOR NONPUBLICATION AND CONFIDENTIAL RECORD | CASE NO. and JUDGE |
|--|--|---------------------------|

Court address _____

Court telephone no. _____

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use form *PC 51, Petition for Name change*, unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use this form, *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record*.
- B. Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to michiganlegalhelp.org.

In the matter of _____
 Current first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has/have been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. The name change is for

- a. a married person who wishes to also include a name change for their spouse. minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)
- b. an adult.
- c. a minor, whose natural or adopted parents are _____ Parent Deceased and _____ Parent Deceased.
- Both parents are deceased. The guardian is _____ Name. (Attach letters of guardianship.)

3. The name change is for the following reason: _____

4. The name change is not sought for any fraudulent intent.

5. The following person(s) seeking a name change has/have a criminal record: _____

6. Each person for whom a name change is sought has been a resident of the county for at least one year.

Note: Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

7. I have legal custody of the minor.
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
 - a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
 - a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
 - b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim. (Attach judgment of sentence.)
 - c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)

8. I request the following name change(s): (Type or print)

| | FROM (current name) | TO (proposed name) | DATE OF BIRTH |
|--------------------|----------------------------|---------------------------|---------------------------------------|
| Petitioner | First: | First: | Put DOB in Ref. No. row 10 on MC 97a. |
| | Middle: | Middle: | |
| | Last: | Last: | |
| Spouse | First: | First: | Put DOB in Ref. No. row 11 on MC 97a. |
| | Middle: | Middle: | |
| | Last: | Last: | |
| Minor child | First: | First: | Put DOB in Ref. No. row 12 on MC 97a. |
| | Middle: | Middle: | |
| | Last: | Last: | |
| Minor child | First: | First: | Put DOB in Ref. No. row 13 on MC 97a. |
| | Middle: | Middle: | |
| | Last: | Last: | |
| Minor child | First: | First: | Put DOB in Ref. No. row 14 on MC 97a. |
| | Middle: | Middle: | |
| | Last: | Last: | |

Note: If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name(s) of _____ at birth and to seal the original certificate.
- Name(s)

10. I request an ex parte order directing nonpublication and a confidential record. Evidence supporting good cause for this request is set forth in the sworn statement(s) included with this petition.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date

_____ Petitioner's signature

_____ Petitioner's attorney signature

SWORN STATEMENT

I am the petitioner. endangered individual: _____
Name

I state the following as evidence supporting good cause for the court to order that no publication about this proceeding be published and that the record of the proceeding be confidential.

1. I fear that I _____ will be in danger, or the likelihood of such
Endangered individual
danger will increase, if a notice is published or the record of the proceeding is available for access because:

2. I believe I _____ will be placed at risk of unlawful retaliation
Endangered individual
 discrimination if a notice is published or the record of the proceeding is available for access because:

3. Other reason supporting good cause: (explain)

Note: The court must not require proof of an arrest or prosecution to reach a finding of good cause.

I declare under the penalties of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Name (type or print)

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

CONSENT BY SPOUSE OF PETITIONER

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip

Telephone no.