COVER SHEET FOR CHANGING AN ADULT'S NAME

The forms presented in this packet are designed to guide you in preparation of your Petition to Change Name of an Adult. You must type in the required information as it applies to your situation. Your papers should remain in the same order as they appear in this packet. Please type this document, or neatly print in black ink.

Do not fill in the civil action file number, because you will not have that until the Clerk assigns a number to your case. Make sure that everything is signed.

Neither the Clerk of the Superior Court, nor any Deputy Clerk, nor the Law Librarian, Judge, or any other Court personnel, is allowed to answer any questions for you concerning the preparation of these forms. State Law O.C.G.A § 15-9-51 procedures and courthouse personnel cannot advise you how to proceed or what forms may be necessary in specific situations. The only person allowed to help you in the preparation of these forms is licensed attorney hired to represent you. Please consult an attorney if you have questions about the procedure or what action is best for you to take.

Remember, you must fully complete the forms and follow all instructions before the Judge will be able to grant your change of name. Incomplete forms, as well as, forms that are improperly filled out, may delay the grant of your change of name. Make sure that you take time to read over all the forms and instructions.

FILING INFORMATION FOR NAME CHANGE

Filing Fee: \$218 Cash (no \$100 bills), money order, or cashier's check (No Personal Checks)

Publication Cost: \$105 (Pay to Macon Telegraph)

YOUR TOTAL COST \$323

After your case is *accepted*, YOU **must** publish the **Notice of Name Change** form with the TELEGRAPH. They can be reached by: Phone: 478-744-4200 | Online: www.macon.com |

NOTE:

Once you have received your name change order, signed by the Judge, you must send (1) a certified copy of the order, (2) a money order for \$25, and (3) a photocopy of your photo ID to:

Georgia Department of Vital Records 1680 Phoenix Blvd. #100 Atlanta, GA 30349 404-679-4702

IN THE SUPERIOR COURT OF BIBB COUNTY STATE OF GEORGIA

In Re	e the Name Change of:		
Plain	tiff	Civil Action No.:	
	PFTITIO!	N CHANGE NAME OF ADULT	
		N CHANGE NAME OF ADOLI	
supp	The Plaintiff files this Petition ort of the petition:	n to Change Name of Adult and states t	the following in
		1.	
resid	The Plaintiff's name ises in Bibb County, Georgia. The	erefore, jurisdiction and venue are prop	and she/he er in this court.
		2.	
	The Plaintiff was born on		
	(Check and	complete only one of the following)	
	In	County, State	U.S.A.
	Outside the United State, in _		·
		3.	
The I	Plaintiff wants to change his/her	name:	
From	1		
То _			
		4.	
The 1	reasons for this name change are	e as follows:	

The Plaintiff does not intend to use this name change to fraudulently deprivany right under the law.	e anyone of
THEREFORE, the Plaintiff asks that the Plaintiff's name be changed as provided i above.	n Paragraph 3
This, 20	
Plaintiff, Pro Se (Signature)	
Name:	
Address:	

Phone (day):

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorizes by law t
administer oaths, the deponent herein, who, an oath, deposes and says that the
facts contained in the foregoing document are true and correct.

	Plaintiff
Sworn to and subscribed before me	
this, 20	
Notary Public	

AFFIDAVIT FOR PERSON FILING CASE WITH NO ATTORNEY (All questions must be answered.)

Plain	ntiff						
vs.		Civil Action No.					
Defe	ndant						
	PERSONALLY appeared before me to	he undersigned officer,					
_		(Affiant)					
who	after being duly sworn deposes and state	s under oath the following:					
(1)	That affiant has this date filed a suit for does not have an attorney at law repre	or divorce or other complaint in this County and senting affiant.					
(2)		wing person prepared the Complaint and/or other					
	Name of Person (and business name)	who prepared papers					
	Address of such person and business						
	Telephone number of such person and business						
	· · ·	prepared the paper (was/was not) paid to prepare					
(2)	the papers. The total amount paid \$						
(3)		not) any further money due anyone for assisting in not owes money to the preparer the amount is					
(4)		any other consideration of money for helping in ing,					
(5)	Did the preparer of the papers tell you information to put in any of your pape	what information, or give you advice regarding the cr? (YES / NO)					
(6)		about how to file your papers? (YES / NO)					
(7)	(YES/NO)	about how to present your case to the judge?					
(8)	Are you willing to discuss this matter (YES / NO)	with a State Bar or Georgia investigator?					
I hav	re answered all the about questions truthf	fully, under criminal penalties of perjury.					
Swoi	rn to and subscribed before me						
	day of, 20	Affiant					
		Address					
Nota	ry Public						
Му	Commission Expires	_ City State Zip					
		Phone No. (required):					

SUPERIOR COURT OF BIBB COUNTY PARTIES INFORMATION SHEET TO BE FILED WITH COMPLAINT/PETITION

Email Address:

IN THE SUPERIOR COURT OF BIBB COUNTY STATE OF GEORGIA

CIVIL ACTION NO.

NOTICE OF PETITION TO CHANGE NAME OF ADULT

		filed	a petition in
Bibb Superior Court on	1	, 20	, to
change the name from			to
		Any	interest party
has the right to appear i	in this case and file objection	s within 30 days after the Pe	tition was file
This	day of	, 20	<u>_</u> ·
	4 \		
Plaintiff, Pro Se (Signa	iture)		
_			
Name:	iture)		
Name:			
Name:			
Address:			
Name:			
Name:			
Name: Address: Phone:			
Name:	ed before me		

General Civil and Domestic Relations Case Filing Information Form

	\square Superior or \square State Court of				of County				
	For Clerk Use O Date Filed	•			Case Numbe	er			
Plainti	iff(s)				Defendant	t(s)			
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Plainti	iff's Attorney				Bar Nun	nber	Self-	Represe	nted \square
			Chec	k One C	Case Type in (One Box			
	Civil Ap Contrac Garnish General Habeas Injuncti Landlor Medical Product Real Pro	obile Tort peal t ment Tort Corpus on/Mandamus, d/Tenant Malpractice To		Writ		Maintenar Family Vio Paternity/ Support – Support – Other Don -Judgment – C Contempt Non-paym medical su Modificatio	n/Divorce/Sepa lence Petition Legitimation IV-D Private (non-IV nestic Relations Check One Case tent of child su	/-D) s e Type pport,	
	Check if the action of the same part	ies, subject mat				vide a case nur	ling in this cour	t involvin	g some or all
	I hereby certify the		nts in th	is filina i			exhibits satisfy t	he requi	rements for
_	redaction of pers			_	•				2
	Is an interpreter	needed in this c	ase? If s	o, provid	le the languag	ge(s) required.			
							Language(s) F	Required	
	Do you or your o	client need any o	disability	accomn	nodations? If	so, please desc	cribe the accom	modatior	request.

ATTACHMENTS

Parenting Plan	
Child Support Order Addendum	
Case Disposition Form & 3907 Form	
Other	

General Civil and Domestic Relations Case Disposition Information Form

		☐ Superior o	or 🗆 Stat	e Court	of County				
ı	For Clerk Use O	nly							
	Date Disposed				Case Numb	er			_
		MM-DD-Y	/YYY		Case Style ₋				_
Plaintiff	(s)				Defendar	nt(s)			
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Last	First	Middle I.	Suffix	Prefix	Last	First	Middle I.	Suffix	Prefix
Reportir	ng Party								
Plaintiff	s Attorney				Bar I	Number	Se	elf-Repre	sented 🗆
Defenda	nnt's Attorney _				Bar I	Number	Se	elf-Repre	esented
Check O Jur Ber No	of Disposition Inly One By Trial Inch/Non-Jury T In-Trial Disposit Alternative Dis	tion	on						
	Check if any par	ty was self-repr	esented a	at any po	int during th	ne life of the cas	se.		
	Check if the cou	rt ordered an ir	nterpreter	for any _l	party, witnes	ss, or other invo	lved individual.		
	Was the case ref	ferred/ordered	to a cour	t-annexe	d alternative	disnute resolu	tion (ADR) proc	ess?	

eFile Registration & Quick Tips

Register to eFile at: https://efilega.tylertech.cloud

Email:

Address:		
Address:		
• Phone #:		
Password: Al	ocd1234	
• Click on link	sent to your email to activate	e your account.
•	in, and save your documents ylertech.cloud to start filing	·
• File your case. For	assistance visit: <u>odysseyfilea</u>	ndservecloud.zendesk.com/hc/en-us
All communication abo	out your case will come to th	e email your provided above. You mus
file a 'Notice of Addres	s Change' form with the Cle	rk's Office if you need to update your
address or email. Add	no-replv@efilinamail.tvlerte	ch.cloud to your email contact.
		·
To view your case, visit	nttps://researchga.tylernos	st.net. You will log-in using the same
email and password yo	u use for eFileGA.	
Envelope #	Case #	(assigned when case is accepted
o Cases filed with Pov	verty Affidavit: You must wait u	ntil the Judge makes a decision on your
•	2	f your order is <u>denied</u> , you must pay the
filing fee of \$	·	ase. If your Poverty Affidavit is accepted,
		oply to the type of case you filed.
		etter 46 days after you receive notice that
· ·	ACCEPTED. Notification will be	·
	ceive email notification once the	Letter 46 days after Defendant has been
		ectronic filed-stamped <i>Notice of Name</i>
		unning in the paper, request the
_	- 	t into your case. File your Request Letter
after you file the Pu	~ _	,
•		you receive notice that your <i>Publisher's</i>
	ccepted into your case.	•

Clerk Assisted:

Date:____