COVER SHEET FOR CHANGING A CHILD'S NAME

The forms presented in this packet are designed to guide you in preparation of your Petition to Change Name of a CHILD(REN). 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 a licensed attorney hired to represent you. Please consult an attorney if you have any questions about the procedure of 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 CHILD'S NAME CHANGE

Filing Fee:	**$218**	**We accept cash (no $100 bills), debit/credit, money order, or cashier's check (No Personal Checks)**
Publication Cost:	**$ 80**	
YOUR TOTAL COST	**$298**	

NOTE:

Once you have received the minor 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 color 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 the Name Change of the Child(ren):

_____ Civil Action No._____

_____

_____
(Minor Child(ren))

PETITION TO CHANGE NAME(S) OF MINOR CHILD(REN)

The Plaintiff files this Petition to change Name(s) of Minor Child(ren) and shows the following in support of this petition:

1.

The Plaintiff's name is _____ and she/he resides in _____ County, Georgia.

2.

The Plaintiff's relationship to the child(ren) is [Check only one box]:

□ Mother □ Father □ Legal Guardian

3.

Check only one (1) box

a. □ The minor child(ren) live with the Platinfiff in _____ County, Georgia.

b. □ The minor children do not live with the Plaintiff, She/He/They live with _____ (who is the
□ Mother □ Father □ Legal Guardian)
in _____ County, Georgia.

4.

Plaintiff desires to change the name(s) of said minor child(ren) as follows:

Current Name of Child	Year of Birth	Proposed New Name

5.

The reasons for such change in name(s) are as follows:

_____

_____

_____

_____

_____

_____

_____

_____

6.

The mother of the child(ren) is named _____

Her address is _____

and she [Check one]:

a. □ Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this Petition.
b. □ Is deceased.
c. □ Abandoned the child(ren) on or about the ____ day of _____, 20___.

d. □ Has not contributed to the support of the child(ren) for a continuous period of as least five (5) years immediately preceding the filing of this Petition. The last date on which the mother paid child support was on the ____ day of _____, 20___.

7.

The father of the child(ren) is named _____.

His address is _____.

and he [Check one]:

a. □ Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this Petition.

b. □ Is deceased.

c. □ Abandoned the child(ren) on or about the ____ day of _____, 20___.

d. □ Has not contributed to the support of the child(ren) for a continuous period of as least five (5) years immediately preceding the filing of this Petition. The last date on which the mother paid child support was on the _ day of _____, 20___.

8.
Check one

a. □ There is no legal guardian for the child(ren), other than the parent(s).

b. □ Both parents are deceased or have abandoned the child(ren), and the guardian of the child(ren) is _____, whose address is

_____

and s/he has consented to this name change and the acknowledge services; the signed consent and acknowledgement of service shall be filed with this petition.

WHEREFORE, Plaintiff respectfully prays for the following:

(a) That the name of the minor child(ren) be changed to the name(s) listed in Paragraph four (4) of this Petition.
[Check only one (1) of the following methods of service for each person who must be served. Read the instructions for service first.]

(b) □ That the Sheriff's department personally serve the □ mother / □ father / □ person acting as guardian of the minor child(ren).

(c) □ That the □ mother / □ father / □ person acting as the guardian of the minor child(ren) be served by certified mail, because they reside outside the State of Georgia.

(d) □ That the court order service by publication for serve the □ mother / □ father / □ person acting as guardian for the minor child(ren) because the address(s) is/are unknown.

(e) □ That the □ mother / □ father / □ person acting as the guardian for the minor child(ren) has signed a Consent and Acknowledgement of Service.

(f) And such other relief as the Court deems necessary and proper.

Respectfully submitted, this _____ day of _____, 20___.

_____

Plaintiff, Pro Se (Signature)

Printed Name:_____

Address: _____

_____

Phone (day): _____

STATE OF GEORGIA

COUNTY OF BIBB

VERIFICATION

Personally appeared before the undersigned officer authorizes by law to 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 _____ day of _____, 20_____.

_____
Notary Public

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

_____
Plaintiff

vs. Civil Action No. _____

_____
Defendant

PERSONALLY appeared before me the undersigned officer, _____
(Affiant)
who after being duly sworn deposes and states under oath the following:

(1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.

(2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

_____
Name of Person (and business name) who prepared papers

_____
Address of such person and business

_____
Telephone number of such person and business

(b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid $_____.

(3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is $_____.

(4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, _____.

(5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)

(6) Did the preparer give you any advice about how to file your papers? (YES / NO)

(7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)

(8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

I have answered all the about questions truthfully, under criminal penalties of perjury.

Sworn to and subscribed before me
this _____ day of _____, 20____.

_____
Affiant

_____
Address

_____
City State Zip

_____
Notary Public
My Commission Expires_____

Phone No. (required): _____

SUPERIOR COURT OF BIBB COUNTY

PARTIES INFORMATION SHEET

TO BE FILED WITH COMPLAINT/PETITION

Plaintiff's Contact Information:

Plaintiff's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Defendant's Contact Information:

Defendant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

In Re the Name Change of the Child(ren):

_____ Civil Action No.:_____

_____

_____

_____

(Minor Child(ren))

NOTICE OF PETITION TO CHANGE NAME

I, _____, filed this petition to the Superior Court of Bibb County, Georgia on the _____ day of _____, 20____, to change the name(s) of minor child(ren) as follows:

Current Name of Child	Year of Birth	Proposed New Name

Any interest or affected party has the right to appear in this case and file objection within thirty (30) days as set forth in O.C.G.A. § 19-12-1(f)(2) and (3).

This _____ day of _____, 20____.

_____

Plaintiff, Pro Se (Signature)

Printed Name: _____

Address: _____

_____

Phone No.: _____

IN THE SUPERIOR COURT OF BIBB COUNTY
STATE OF GEORGIA

In Re the Name Change of the Child(ren):

_____ Civil Action No._____

_____

_____

(Minor Child(ren))

CONSENT TO CHANGE NAME(S) OF MINOR CHILD(REN) and ACKNOWLEDGEMENT OF SERVICE

My name is _____. My address is

_____.

My relationship to the child(ren) in this action is [Check one box]:

□ Mother □ Father □ Person acting as Guardian

I have received a copy of the Petition that was filed by _____ to change the name(s) of the child(ren) and I hereby give my consent to the name(s) being changed as follows:

Current Name of Child	Year of Birth	Proposed New Name

3.

I consent to both jurisdiction and venue as states in the Petition. So long as any final order in this action is consistent with this consent form, then I waiver formal process, further notice, and my right to a hearing, and if I am on active duty in the Armed Forces, I also waive my rights under the Soldiers and Sailors Relief Act, 50 U.S.C § 521. I give my consent for the Court to hear this matter, as soon as possible, after thirty (30) days.

Should further notice be required for any reason, the notice should be mailed to me at the address shown in Paragraph One (1) above.

IN WITNESS WHEREOF, I have voluntarily signed my name, this _____ day of _____, 20___.

_____
(Signature)

[Check one]: □ Mother □ Father □ Guardian

Printed Name: _____
Address: _____
_____
Phone No.: _____

Sworn to and subscribed before me
this _____ day of _____, 20___.

_____
Notary Public (Seal)

General Civil and Domestic Relations Case Filing Information Form

☐ **Superior or** ☐ **State Court of** _____ **County**

For Clerk Use Only

Date Filed _____ **Case Number** _____
MM-DD-YYYY

Plaintiff(s)					**Defendant(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**

Plaintiff's Attorney _____ **Bar Number** _____ **Self-Represented** ☐

Check One Case Type in One Box

General Civil Cases

- ☐ **Automobile Tort**
- ☐ **Civil Appeal**
- ☐ **Contract**
- ☐ **Garnishment**
- ☐ **General Tort**
- ☐ **Habeas Corpus**
- ☐ **Injunction/Mandamus/Other Writ**
- ☐ **Landlord/Tenant**
- ☐ **Medical Malpractice Tort**
- ☐ **Product Liability Tort**
- ☐ **Real Property**
- ☐ **Restraining Petition**
- ☐ **Other General Civil**

Domestic Relations Cases

- ☐ **Adoption**
- ☐ **Dissolution/Divorce/Separate Maintenance**
- ☐ **Family Violence Petition**
- ☐ **Paternity/Legitimation**
- ☐ **Support – IV-D**
- ☐ **Support – Private (non-IV-D)**
- ☐ **Other Domestic Relations**

Post-Judgment – Check One Case Type

- ☐ **Contempt**
  - ☐ **Non-payment of child support, medical support, or alimony**
- ☐ **Modification**
- ☐ **Other/Administrative**

☐ Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

_____ _____
Case Number **Case Number**

☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

☐ Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

_____

_____

ATTACHMENTS

☐ Parenting Plan

☐ Child Support Order Addendum

☐ Case Disposition Form & 3907 Form

☐ Other _____

General Civil and Domestic Relations Case Disposition Information Form

☐ Superior or ☐ State Court of _____ County

For Clerk Use Only

Date Disposed _____ **Case Number _____**
MM-DD-YYYY

Case Style _____

Plaintiff(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

Defendant(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

Reporting Party _____

Plaintiff's Attorney _____ **Bar Number _____** **Self-Represented ☐**

Defendant's Attorney _____ **Bar Number _____** **Self-Represented ☐**

Manner of Disposition
Check Only One

- ☐ **Jury Trial**
- ☐ **Bench/Non-Jury Trial**
- ☐ **Non-Trial Disposition**
  - ☐ **Alternative Dispute Resolution**

☐ Check if any party was self-represented at any point during the life of the case.

☐ Check if the court ordered an interpreter for any party, witness, or other involved individual.

☐ Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?

eFile Registration & Quick Tips

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

- Email: _____
- Address: _____
  Address: _____
- Phone #: _____
- Password: Abcd1234
- Click on link sent to your email to activate your account.
- Separate, scan, and save your documents to your computer.
- Visit efilega.tylertech.cloud to start filing your case.
- File your case. For assistance visit: odysseyfileandservecloud.zendesk.com/hc/en-us
- All communication about your case will come to the email your provided above. You must file a 'Notice of Address Change' form with the Clerk's Office if you need to update your address or email. Add *no-reply@efilingmail.tylertech.cloud* to your email contact.
- To view your case, visit https://researchga.tylerhost.net. You will log-in using the same email and password you use for eFileGA.

Envelope # _____ **Case #** _____ (assigned when case is accepted)

- **Cases filed with Poverty Affidavit: You must wait until the Judge makes a decision on your Poverty Order before moving on to the next steps. If your order is denied, you must pay the filing fee of $_____ to proceed with your case. If your Poverty Affidavit is accepted, please proceed to one of the below next steps that apply to the type of case you filed.**
- **Cases filed with an agreement: File your *Request Letter* 46 days after you receive notice that your case has been ACCEPTED. Notification will be sent to you via email.**
- **Cases filed with Sheriff Service: File your *Request Letter* 46 days after Defendant has been served. You will receive email notification once the Defendant has been served.**
- **Adult Name Change: From your email, print the electronic filed-stamped *Notice of Name Change* to The Telegraph. After your case is done running in the paper, request the *Publisher's Affidavit* from the Telegraph and eFile it into your case. File your *Request Letter* after you file the Publisher's Affidavit.**
- **Minor Name Change: File the *Request Letter* after you receive notice that your *Publisher's Affidavit* has been accepted into your case.**

Clerk Assisted:_____
Date:_____