### JUDGE JAMES A. FREDERICKA TRUMBULL COUNTY PROBATE COURT

161 High Street NW Warren, Ohio 44481 (330) 675-2521 Fax: (330) 675-3024

#### **ADULT NAME CHANGE**

The Application for Change of Name of Adult is filed by residents of Trumbull County, Ohio who have been a resident for at least sixty days who desire a name change.

The filing fee is \$112.00. However, there may be additional costs depending on the circumstances.

An adult filing for a change of name must file the Application for Change of Name of Adult, an Affidavit in Support of Application for Change of Name of Adult (must be notarized), and the Applicant's certified birth certificate.

The adult seeking a name change must obtain a WEBCHECK from the Trumbull County Sheriff's Office and make arrangements to have the results sent to the Court. In most instances, the BCI search is all that will be needed, but in some circumstances the Court may order the FBI search.

In the event that an Application for Change of Name of Adult is approved, you will receive a Judgment Entry approving the change of name. Additional copies can be purchased for \$1.10 each. An Applicant will need to take the entry to all places who would need to know the adult's official name (BMV, insurance company, employer, Social Security, etc.).

\*\*The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.\*\*

## WEBCHECKS/ BACKGROUND CHECKS

- If you are required to have a WEBCHECK/background check, you must go to the Trumbull County Sheriff's Department to have the check completed.
- The Trumbull County Sheriff's Department is a separate department from the Trumbull County Probate Court. The Trumbull County Sheriff's Department sets the hours for completing the checks.
- Please call the Trumbull County Sheriff's Department at (330) 675-4040 for up to date information about when you can have your WEBCHECK/background check completed.
- The Trumbull County Sheriff's Department is located at the Trumbull County Jail, 150 High Street, Warren, Ohio 44481.
- The Trumbull County Sheriff reports that the cost for checks will range from \$35.00 to \$75.00, depending upon the type of check that must be performed.
- If you have questions or concerns about getting the WEBCHECK/background check completed or the transmission of your results, please call the Trumbull County Sheriff's Department at (330) 675-4040.

### IN THE COURT OF COMMON PLEAS PROBATE DIVISION TRUMBULL COUNTY, OHIO

) CASE NO.

IN THE MATTER OF:

	)	
CONSENT TO WEBCHEC (Estates, Guardiansh	<b>Т</b> СНЕСК	
I, the undersigned, hereby authorize the	he Trumbull County Sheriff's De	epartment to perform a
criminal background check using the	WEBCHECK system, to have th	e results sent directly
to the Trumbull County Probate Coun	rt to become a permanent part of	the Court's file.
	C:	Data
	Signature	Date
	Printed Name	
	Address	
	Tolombono Nyumbor	Data of Divide
	Telephone Number	Date of Birth

# PROBATE COURT OF TRUMBULL COUNTY, OHIO JAMES A. FREDERICKA, JUDGE

TO:	(Requested Name)			
CASE NO.				
APPLICATION FOR			DULT	
(R.C	c. 2717.02 and 271	7.03)		
Applicant is an adult and has been a bona fic Ohio, for at least sixty (60) days immediately	le resident of prior to the filing o	f this application.		County,
Applicant requests a change of name from	First	Middle	Last	
to				
			Last	
for the following reason:				
An affidavit in support of this Application is at	tached			
An amount in support of this Application is at	lacried.			
Attorney for Applicant	Applican	t's Signature		_
Typed or Printed Name	Typed or	Printed Name		_
Address	A -l -l			_
Address	Address			
				_
City State Zip	City	State	Zip	
				_
Telephone Number (include area code)	Telephor	ne Number (include	area code)	
Email Address	 Email Ad	Email Address		
Attorney Registration No				

# PROBATE COURT OF TRUMBULL COUNTY, OHIO JAMES A. FREDERICKA, JUDGE

τO·	(Present Name)	
TO: CASE NO	(Requested Name)	
	AFFIDAVIT IN SUPPORT OF	
APPLICATION FOR CHANGE OF NAME OF ADULT (R.C. 2717.06)		
State of Ohio, County of	, SS.	
The undersigned, in support	of the Applicant's Application for Change of Name of Adult, deposes,	
says and verifies the following	ng.	
Check all that apply:		
	a bona fide resident of, County, ty (60) days immediately prior to the filing of the Application;	
2. ☐ The Application is no obligations;	t made for the purpose of evading any creditors or other	
3. □ The Applicant is not a	debtor in any currently pending bankruptcy proceeding;	
4. ☐ Applicant has not bee delinquent child for ide	n convicted of, pleaded guilty to, or been adjudicated a entity fraud;	
because the Applicant	ve a duty to comply with R.C. 2950.04 or R.C. 2950.041 twas NOT convicted of, pleaded guilty to, or was adjudicated a ving committed a sexually oriented offense or a child-victim	
Any other information releva	nt to the Application	
All documentary evidence su	bmitted with the Application is true, accurate and complete.	
	Applicant	
Sworn to before me and sub	oscribed in my presence the day of	
	Notary Public/Deputy Clerk	