

NAME CHANGE

ADULT

INSTRUCTIONS FOR FILING AN ACTION FOR NAME CHANGE - ADULT

- You need this packet if you are over 18 years old and seek to have the court change your name.
 - You must be a resident of Miami-Dade County to file this action.
 - Place your present/current name as the Petitioner.
 - The Clerk will explain to you the procedures to have your fingerprints taken.
 - If at any time before or after you file your case you decide that you no longer want to represent yourself, you may hire a lawyer.
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The Day of Your Self-Help Appointment

You MUST be on time for your scheduled appointment. If you are late, you will be rescheduled for another date and charged a reschedule fee of \$20.

Bring the following:

1. Completed forms in English and **black** ink (please type or print legibly!)
2. **Use your present name as the “Petitioner”**
3. Pen (please use **black** ink only) (please type or print legibly!)
4. White Correction Tape or White Correction Fluid (to correct any errors)
5. Driver’s License, State ID, or Passport
6. Applicable Fees
7. Keep in mind the Clerk’s Office hours are from 9:00a.m. to 4:00p.m.

The Day of Your Final Hearing

1. Get to the Courthouse early and check in with the Bailiff or Clerk.
2. Bring your Florida Driver’s License, Florida ID, Florida Voter’s Registration Card, or Affidavit of Corroborating Witness.
3. Your case will be called by your last name. Approach the bench.
4. After your hearing, wait outside the courtroom. The Clerk will walk you down to the Clerk’s Office to get certified copies of your Final Judgment. The cost is \$1.00 for the certification and \$1.50 per page

I. Filing a Name Change - Adult

Step 1: Complete the following documents:

Petition for Change of Name Adult *[Form A-6]*
Civil Cover Sheet *[Form H]*
Notice of Uncontested Final Hearing *[Form II]*
No Hearing Special Affidavit
Acknowledgment of Receipt
Notice of Related Cases

Step 2: Select one of the following options to have your packet reviewed by a Self-Help Paralegal.

Option 1: Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> to review and notarize your documents. Please read the Self-Help Appointment Review Options sheet before scheduling your appointment online. We offer packet completion assistance at a nominal fee if you need help completing your packet.

Option 2: Mail or Drop off your packet for review at either Self-Help location without an appointment. Please read Self-Help Packet Review Via Mail sheet and follow the instructions if you select this option.

After your packet has been reviewed and approved by a Self-Help Paralegal you will receive further instructions regarding your next steps.

Fee Schedule

Filing Fee	\$401.00	<i>cash, credit card or money order</i>
Fingerprints	(the Clerk will explain the procedures for taking your fingerprints)	
Certified Copies	\$ 1.00 + \$1.50 per page	<i>cash or credit card</i>

If you are not sure whether the Courts are open because of a possible Hurricane, please call the 11th Judicial Circuit Hotline at 305-349-7777.

SELF-HELP PARALEGAL APPOINTMENT REVIEW OPTIONS

The Eleventh Judicial Circuit's Self-Help Program (SHP) provides Self-Represented Litigants (SRL) two options to have your packet reviewed by a paralegal prior to filing. **Option 1** You can schedule an in-person appointment to have your packet reviewed by our paralegal which can be scheduled online. **Option 2.** You can have your packet reviewed by a paralegal without an appointment by simply dropping off or mailing your packet at either Self-help location. **Please read the different appointment types carefully below before clicking on the link to schedule your appointment or mailing your packet for review via mail without an appointment.**

Please note that scheduling the incorrect appointment type can subject you to being rescheduled for another date. All SHP appointments are scheduled for specific dates and times depending on the appointment type. If you schedule your in-person appointment online, you will receive a confirmation via email and text with your appointment details. Please carefully read the details below regarding the different appointment review types.

Paralegal Appointment Review Types

Packet Review Via Mail or Drop Off (no appointment required)

The Family Self Help Program is providing you the option to either drop off or mail your completed packet at either Self-Help location for paralegal review without having to make an appointment. This service also includes the Self-Help Program filing your approved packet with the Clerk of Court. Please carefully read the instructions in your packet regarding packet completion and (click here) for instructions to mail or drop off your packet for paralegal review.

First Time Visit (In-person appointment required)

Your packet is fully completed and is ready for Self-Help Paralegal review prior to filing. The Self-Help service fee ([see fee schedule](#)) includes Paralegal review, notarization of court documents, initial procedural information, follow-up procedural information, and procedural information to obtain a hearing. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

Example: To make an appointment for a Post Judgment Modification packet, you will select **First-Time Visit Name Change**

Packet Completion Assistance (In person appointment required)

Need assistance completing your packet prior to filing? The Self-Help Program offers packet completion assistance with a Self-Help Paralegal at a nominal fee ([see fee schedule](#)) to help you complete your documents. **To make your appointment visit:** <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program/Appointments>

Example: To make an appointment for a Paternity Agreement packet, you will select **Packet Completion Assistance-Name Change**

- To cancel or reschedule your Self-Help Appointment visit: <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program> and click on **FIND APPOINTMENT**

Important Information Regarding Your Self-Help Appointment

Need help completing your packet?

A \$100.00 Packet Completion Assistance is offered at the Self-Help Program to help you complete your forms and notarize them. If you would like to participate, Make your appointment online <https://www.jud11.flcourts.org/Family-Court-Self-Help-Program>

Information you need to know for your Name Change Packet Completion appointment or Self-Help appointment (First Time)

- A valid Florida Driver's License, Florida ID or U.S. Passport
- A valid address for you and your spouse
- **Adult Birth Certificate** (*If the Birth Certificate(s) is/are in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature.*)
- Social Security number and date of birth for both you and your spouse
- All applicable fees (please read the fees that apply in your packet)
- A pen in blue or black ink **(please type or print legibly!)**
- Correction tape or correction fluid
- **2 regular envelopes with 2 post office stamps**



- You are considered late 15 minutes after your scheduled appointment time and will be rescheduled.

SELF-HELP PACKET REVIEW VIA MAIL

The Family Self Help Program is providing you the option to either drop off or mail your completed packet at either Self-Help location for paralegal review without having to make an appointment. This service also includes the Self-Help Program filing your approved packet with the Clerk of Court. Please carefully read the instructions in your packet regarding packet completion and the instructions below to mail or drop off your packet for paralegal review

Mail or drop off your completed packet at one of the following locations:

Self-Help Program

Lawson E. Thomas Courthouse Center
175 NW 1st Ave Suite 2441
Miami, FL 33128

Self-Help Program

South Dade Government Center
10710 SW 211th St Room 1400
Miami, FL 33189

- Make sure all forms are completed in full, that they are legible, and have each form that requires notarization to be notarized.
- You will only provide for review the original completed and notarized packet accompanied with money orders for all the fees associated with the type of packet you are submitting. See below for applicable fees for your case. Please note that there are different agencies to whom the money orders need to be made out to.
- Make sure to include a clear copy of the driver's license or valid ID along with any of the required supporting documents. (Packet Instructions include the required supporting documents needed)
- **IMPORTANT:** A Self-Help Paralegal will contact you either via phone or email to confirm THAT YOUR PACKET HAS BEEN received and THAT PROCESSING IS UNDERWAY. (Please allow about two weeks FROM THE MAILING DATE of your packet to receive notification from the Self-Help Paralegal.)

SELF HELP SERVICE FEE

- **\$60 Name Changes (\$20.00 Processing fee included)**

MAKE MONEY ORDER PAYABLE TO: **MIAMI DADE COUNTY**

***Processing Fee includes Copies, Postage and any additional documents required for your remote hearing with the Judge or receive Administrative Final Judgement without a hearing.**

FILING FEE

- Clerk of Court Filing Fee is **\$401.00**

MAKE MONEY ORDER PAYABLE TO: **CLERK OF COURT AND COMPTROLLER**

FAMILY COURT COVER SHEET

Case Style: IN RE:

CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT, IN AND FOR
MIAMI DADE COUNTY, FLORIDA_____
Petitioner,
and

Case No.: _____

Respondent.

Judge: _____

Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

☒ Initial Action/Petition☐ Reopening Case☐ Modification/Supplemental Petition☐ Motion for Civil Contempt/Enforcement☐ Other _____

Type of Case. If the case fits more than one type of case, select the most definitive. If the most definitive label is a subcategory (indented under a broader category label), place a check in the category and subcategory boxes.

☐ Simplified Dissolution☐ Other Family Court _____☐ Dissolution of Marriage☒ Name Change☐ Support IV-D (Dept of Revenue, CSE)☐ Paternity/Disestablish Paternity☐ Support Non-IV-D (NOT Dept of Rev)☐ Petition for Dependency☐ UIFSA IV-D (Dept of Revenue, CSE)☐ CINS/FINS☐ UIFSA Non-IV-D (NOT Dept of Revenue,CSE)

Rule of Judicial Administration 2.545(d) requires that a NOTICE OF RELATED CASES form be filed with the initial pleading. Are there related cases?

☐ No, to the best of my knowledge, no related cases exist.☐ Yes, all related cases are listed on RELATED CASES form.**PARTY SIGNATURE**

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Party Signature_____
(Type or print your name)_____
Date

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

_____,
Petitioner.
_____ /

CASE NO.:

PETITION FOR CHANGE OF NAME (ADULT)

1. This is an action for the change of name of an adult under §68.07, Florida Statutes.

2. My complete present name is: _____

The name on my current Birth Certificate is: _____

I request that my name be changed to: _____

3. I live in Miami-Dade County, Florida at {street address} _____
_____.

4. I was born on {date} _____, in {city} _____,
{county} _____, {state} _____, {country}
_____.

5. My father's full legal name: _____
My mother's full legal name: _____
My mother's maiden name: _____

6. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____

☐ Check here if you are continuing these facts on an attached page.

7. **Family** [☐ all that apply]

- ☐ a. I am not married
- ☐ b. I am married. My spouse's full legal name is: _____
- ☐ c. I do not have child(ren).

☐ d. The name(s), age(s), and address(es) are as follows (all children, **including those over 18**, must be listed):

Name	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

8. **Former names** [☐ all that apply]

- ☐ My name has never been changed **by a court**.
- ☐ My name previously was changed **by court order** from _____
_____ to _____ on
{date} _____ by {court, city, and state} _____.
A copy of the court order is attached.
- ☐ My name previously was changed **by marriage** from _____
_____ to _____ on
{date} _____ by {court, city, and state} _____.
A copy of the marriage certificate is attached.
- ☐ I have never been known or called by any other name.
- ☐ I have been known or called by the following other name(s): {list name(s)
and explain where you were known or called by such name(s)} _____

_____.

9. **Occupation**

My occupation is: _____

I am employed at: {company and address} _____

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and Employer's Address
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

☐ Check here if you are continuing these facts on an attached page.

10. Business [☐ one only]

____ I do not own and operate a business.

____ I own and operate a business. The name of the business is: _____
_____. The street address is: _____
_____.
My position with the business is: _____.
I have been involved with the business since: {date} _____

11. Profession [☐ one only]

____ I am not in a profession.

____ I am in a profession. My profession is: _____

I have practiced this profession:

Dates (to/from)	Place and Address
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

☐ Check here if you are continuing these facts on an attached page.

12. Education

_____ I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

13. Criminal History [✓ one only]

_____ I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

_____ I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are:

Date	City/State	Event (arrest, charge, plea, adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

14. Bankruptcy [✓ one only]

_____ I have never been adjudicated bankrupt.

_____ I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

☐ Check here if you have filed additional bankruptcies, and explain on an attached page.

15. Creditor(s)' Judgments

_____ I have never had a money judgment entered against me by a creditor.

_____ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment, case number	✓ if Paid
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐
_____	_____	_____	_____	☐

16. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

WHEREFORE, the Petitioner requests that a change of name be granted and the Florida Department of Health, Office of Vital Statistics be directed to issue a new original birth certificate reflecting such name change.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in the petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

E-mail: _____

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

_____ Personally known

_____ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and

CASE NO.: **FC**

_____,
Respondent.

_____/

**SPECIAL AFFIDAVIT FOR UNCONTESTED NAME CHANGE (ADULT)
WITHOUT A HEARING**

I understand that this is an action for the change of name of an adult under §68.07, Florida Statutes. The undersigned, under oath and under penalty of perjury, swear or affirm as follows:

1. My complete present name is:

The name on my current Birth Certificate is:

I request that my name be changed to:

2. I currently reside in Miami-Dade County, Florida at *{street address}*

3. I have no ulterior or illegal purpose for filing this petition and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

4. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

5. Is there anything you believe the Court should know that has not been covered above? If so, briefly state: () Everything is true and correct **or** () The Court should the following:

PLEASE NOTE: I understand I must have my fingerprints submitted electronically to the Clerk of Court. You must show proof that you are residing in Miami-Dade County. You may do this in one of two ways:

- A. By submitting an **enlarged**, readable photocopy of a valid Florida driver's license or voter's registration. The **date of issue** must prove your residency. If it does not, you have failed to prove residency and your case will be held up until proper proof is received; or
B. By submitting an Affidavit of Corroborating Witness, Florida Supreme Court Approved Family Law Form 12.902(i). The witness must be someone other than a party to this action and an adult who is a Florida resident.

By signing this Special Affidavit, I understand that a final hearing will NOT be set in this case. The Judge assigned to this case may enter a Final Judgment closing the case without our presence at any future hearings.

Dated: _____

Petitioner's Signature: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE: THE NAME CHANGE OF

_____,
Petitioner.

CASE NO.:

_____/

III. INDEX OF FORMS

- ☐ Form A-6 Petition for Change of Name (Adult)
- ☐ Form H Civil Cover Sheet
- ☐ Form Acknowledgment of Receipt
- ☐ Form Notice of Related Cases
- ☐ Form No Hearing Special Affidavit
- ☐ Form Designation of Current Address and Email (Petitioner)

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

CASE NO.:

_____,
Petitioner,
and

NOTICE OF RELATED CASES

_____,
Respondent.

In compliance with Florida Rule of Judicial Administration 2.545(d), the petitioner in a family case must file with the court a **Notice of Related Cases**, if related cases are known or reasonably ascertainable. A related case may be an open or closed civil, criminal, family, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family case if:

- (A) it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; or
- (B) it affects the court's jurisdiction to proceed; or
- (C) an order in the related case may conflict with an order on the same issues in the new case; or
- (D) an order in the new case may conflict with an order in the earlier litigation.

Have you ever had contact with the **Department of Children and Families** regarding children included in this Petition? ☐ Yes ☐ No

(check one only)

- ☐ There are no related cases.
- ☐ The following are the related cases (add additional pages if necessary)

Related Case No. 1

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ pending case involves same parties, children, or issues;
- ☐ may affect court's jurisdiction;
- ☐ order in related case may conflict with an order in this case.
- ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Notice of Related Cases

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Related Case No. 2

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ ☐ pending case involves same parties, children, or issues;
☐ ☐ may affect court's jurisdiction;
☐ ☐ order in related case may conflict with an order in this case.
☐ ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Type: ☐ Criminal ☐ Juvenile Dependency/Delinquency ☐ Child Support Enforcement
☐ Domestic/Sexual/Dating/Repeat Violence or Stalking Injunctions ☐ Unified Family Court
☐ Dissolution of Marriage ☐ Paternity ☐ Adoption ☐ Other _____

Case Number: _____

County/State/Court: _____

☐ Pending ☐ or ☐ Closed ☐? If closed, date closed _____

Title of last Court Order/Judgment: _____

Date of Court Order/Judgment: _____

Relationship of cases (check all that apply)

- ☐ ☐ pending case involves same parties, children, or issues;
☐ ☐ may affect court's jurisdiction;
☐ ☐ order in related case may conflict with an order in this case.
☐ ☐ order in this case may conflict with previous order in related case

Statement as to the relationship of the cases: _____

The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

I attest to the truthfulness of the claims made in this affidavit.

Dated: _____

Signature of Party: _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

I certify that a copy of the foregoing was mailed or served to the other party listed below on

Date: _____

Other party:

Name: _____

Street Address: _____

City, State, Zip: _____

Notice of Related Cases

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IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

FAMILY DIVISION

IN RE:

_____,
Petitioner,
and
_____,
Respondent.
_____ /

CASE NO.:

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS
(Petitioner)**

I, {full legal name}, _____, being sworn, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____,
{City}, _____, {State}, _____,
{Zip} _____.
{Telephone No.} _____

E-MAIL ADDRESS:

{Do not provide an e-mail address unless you choose to serve and receive all documents in the future only by e-mail. If you are a self-represented litigant (appearing without an attorney), you are not required to serve or receive documents by electronic mail (e-mail); however, once you designate an e-mail address, that address will be the exclusive means of serving and receiving documents. Once you choose to serve and receive documents by e-mail, you cannot change your decision.}

I wish to designate the following e-mail address(es) for the purposes of serving and receiving documents:

Email address: _____

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was _____ e-mailed _____ mailed _____ faxed and mailed _____ hand-delivered to the person(s) listed below on {date}_____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Designated E-mail Address(es): _____

Signature of Party (Petitioner)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC or DEPUTY CLERK

☐ Personally known

☐ Produced identification: _____