

NAME CHANGE

For An

ADULT

1

FORMS AND INSTRUCTIONS

DO NOT FILL THIS PAGE

How to File an Application for a Name Change for an Adult

You may use this packet if you want to ask for a name change for yourself and

- You are a resident of the Tohono O'odham Nation
- You are 18 years or older

**DO NOT USE THIS PACKET IF YOU ARE ASKING THE COURT
TO CHANGE A MINOR'S NAME
OR IF YOU ARE ASKING FOR NAME CHANGES FOR MULTIPLE
ADULTS**

DO NOT FILE THIS PAGE

APPLICATION FOR NAME CHANGE FOR AN ADULT

STEP 1: FILL OUT THIS PACKET.

Fill out the forms included in this packet. This packet is available in person at the Tohono O'odham Court or online. To download the packet contents online go to tojc-nsn.gov.

Your completed packet **must** include the following forms:

- A. Civil Coversheet.
 - 1. Write your name as the Plaintiff and your address. Leave the Defendant and Interested Party sections blank.
 - 2. Leave "Case Number" blank; Court Clerk will assign a case number.
 - 3. At the bottom of the page, check the box for Name Change.
- B. Application for Change of Name for an Adult.
- C. Order Changing Name for an Adult. Fill out only the top of this form.
- D. Notice of Hearing Regarding Application for Change of Name
 - 1. Fill out ONLY the top portion: the Court will fill in the rest.

STEP 2: FILE YOUR PAPERS:

In Person: Bring your original packet and one copy to the Judicial Center to file. Bring your identification with you. Go to the Receptionist counter. The Court is open Monday-Friday from 7:30 a.m. to 4:00 p.m., except Thursdays, when it is closed from 12:00 to 4:00 p.m.

You must bring a copy of your driver's license or another form of identification when you file your paperwork.

File by Mail: To file your packet by mail, send an original packet, one copy, and one self-addressed stamped envelope large enough to hold the copy that will be mailed back to you. Include a photocopy of your Driver's License with your mailing. Any fees due may be paid by money order payable to the Tohono O'odham Judicial Branch. Mail your materials to the Judicial Center, Clerk of the Court, PO Box 761, Sells, AZ 85634.

File by E-mail: To file electronically, see Rules of Civil Procedure, Rule 4.2(d) (<https://tojc-nsn.gov/wp-content/uploads/2025/10/02-Rules-of-Civil-Procedure-FINAL-2025-1.pdf>).

Filing fees: You will be required to pay a filing fee before you can file your packet. To find out how much you have to pay to file your packet, please visit the Court's website at tojc-nsn.gov or call the Court at 520-383-6300.

If you cannot afford the filing fee, you may request a waiver or deferral (payment plan) when you file your papers with the Court. If you cannot afford the fee, request a Financial Affidavit and Request for Deferral, Reduction, or Waiver of Court Fees from the Clerk, or download it and print it from the Court's website at <https://tojc-nsn.gov/wp-content/uploads/2024/05/Financial-Affidavit-and-Request-for-Fee-Waiver-standard-FINAL-No-Order-2023.pdf>.

You cannot file your packet unless you have either paid the filing fee or received a waiver or deferral.

STEP 3: YOUR NOTICE OF HEARING

You will receive your Notice of Hearing. **The notice will include the date and time of your hearing.**

If you file by mail and don't receive your notice of hearing within 10 days, please call the Court at 520-383-6300 for assistance.

STEP 4: ATTEND THE HEARING

Attend the hearing in person. The Courthouse is in Sells, AZ 85634.

STEP 5: AFTER THE HEARING

Once you attend a scheduled hearing in person, and the judge grants your request, a Court Clerk will process the paperwork and mail you a certified copy of your order confirming that the judge granted your request and ordered the name change.

You will receive only one certified copy of the Court's order. You can obtain additional certified copies by paying \$5.00 per copy.

FORMS

Please separate the instructions
from the forms before filing
your packet.

DO NOT FILE THIS PAGE

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Email Address: _____
 Attorney Bar Number (if applicable): _____
 Representing: Self (without legal counsel) OR
 Legal Counsel for Petitioner

**THE JUDICIAL COURT OF THE TOHONO O'ODHAM NATION
 ADULT CIVIL DIVISION**

In the Matter of: _____) Case No.: _____
)
) **APPLICATION FOR CHANGE**
) **OF NAME FOR AN ADULT**
 _____,)
 Name of Applicant on Birth Record)
)
 _____)

INFORMATION ABOUT ME, THE APPLICANT

1. BIRTH NAME: on your original registered state Birth Record (Certificate):

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[First, Middle, Last]

Date of Birth [Month/Date/Year]: _____

City of Birth: _____ County of Birth: _____

2. CURRENT LEGAL NAME:

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[First, Middle, Last]

Current Address: _____

Current City of Residence: _____

Current State of Residence & Zip Code: _____

[] This is my married name, and that of my [] Current Spouse [] Past Spouse

3. REQUESTS TO THE COURT

1. I ask that my name be changed to:

--	--	--

[First, Middle, Last]

2. I ask that the birth records be ordered changed to reflect the new name requested above.

STATEMENTS TO THE COURT

Under penalty of perjury, I state the following as true:

(Check the boxes that indicate a true statement.) (For “4”, *explain.*)

- 1. I submit this application solely for the benefit of and in the best interests of the person for whom the name change is requested.
- 2. I understand and acknowledge that If granted this change of name, will not release me from any obligations incurred or harm any rights of property or action under any previous name.
- 3. I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime, terrorism or any other offense involving false statements.
- 4. I request this name change because: (Explain) _____

5. Have you ever been convicted of a felony? Yes No

If “Yes,” all felony convictions are listed below.

	Felony Case Number	County & State	Sentence	Date of Conviction
1				
2				
3				
4				
5				

Is there anything regarding your felony conviction(s) that you would like to bring to the Court’s

Case Number: _____

attention? (Optional) _____

6. Are there any criminal charges (*felony or misdemeanor*) pending against you currently?
 Yes No

If "Yes," all pending charges are listed below:

	Pending Charges	Name of Court or City & State	Case Number
1			
2			
3			
4			
5			

Is there anything regarding your pending criminal charges that you would like to bring to the Court's attention? (Optional) _____

OATH OR AFFIRMATION

I affirm under penalty of perjury the information provided on this document is true and correct.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Notarial Officer

Title

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Email Address: _____
 Attorney Bar Number (if applicable): _____
 Representing: Self (without legal counsel) OR
 Legal Counsel for Petitioner

**THE JUDICIAL COURT OF THE TOHONO O’ODHAM NATION
 ADULT CIVIL DIVISION**

In the Matter of: _____) Case No.: _____
)
)
 _____,) **NOTICE OF HEARING FOR**
 Name of Applicant on Birth Record) **APPLICATION FOR CHANGE**
 _____) **OF NAME FOR AN ADULT**
)

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. NOTICE: An application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled for the Court to consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing on the date and time indicated below.

2. COURT HEARING. A court hearing has been scheduled to consider the Application as follows:
 Hearing Date: _____
 Hearing Time: _____
 Hearing Location: _____

DATED _____
 (Month/Day/Year) Clerk of Court