

NAME CHANGE For An ADULT

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FORMS AND INSTRUCTIONS

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 member of the Tohono O'odham Nation or consent to the jurisdiction of the Tohono O'odham Court; and
- 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**

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 www.tojc-nsn.gov.

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

- A. Civil Coversheet. (<https://tojc-nsn.gov/wp-content/uploads/2024/09/Civil-Cover-Sheet-FINAL-for-website-092024.pdf>)
 - 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 or cashier's check 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 www.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 from the Court. **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 two certified copies and one uncertified copy of the order confirming that the judge granted your request and ordered the name change.

You can obtain additional certified copies by paying \$5.00 per copy.

FORMS

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

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)
)
)
_____)

COMES NOW, the Petitioner, _____, and alleges
that the following information is true and correct.

This Court has both personal and subject matter jurisdiction under the Tohono O'odham
Constitution and Code to hear and decide this matter because (choose ONE):

- ☐ I am a member of the Tohono O'odham Nation and am 18 years or older; or
☐ I live on the Tohono O'odham Nation and am 18 years or older; or
☐ I consent to the jurisdiction of the Tohono O'odham Court and am 18 years or older.

INFORMATION ABOUT ME, THE APPLICANT

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

--	--	--

[First, Middle, Last]

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

City of Birth: _____ County of Birth: _____

2. CURRENT LEGAL NAME:

--	--	--

[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

Case Number: _____

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 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) _____

Case Number: _____

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

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

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

Judicial Clerk, Tohono O'odham Court

Court Process Server/Serving Officer

Recipient

Date

Time

Date

Time

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

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

THE COURT FINDS:

1. This case has come before this Court
[] to change the current legal name of the Applicant
[] to change the birth record of the Applicant
2. This Court has jurisdiction to change the legal name and/or the Birth Record of the Applicant.
3. Good cause exists to grant the application for change of name.

THE COURT ORDERS:

1. [] The current legal name of the Applicant:

--	--	--

[First, Middle, Last]

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

Place of Birth [City, State, Nation]: _

IS CHANGED TO:

--	--	--

[First, Middle, Last]

2. [] The birth record name of the Applicant:

--	--	--

[First, Middle, Last]

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

Place of Birth [City, State, Nation]: _____

IS CHANGED TO:

--	--	--

[First, Middle, Last]

3. For a person born in any other state, to the extent that the agency responsible for maintaining birth records in that state is authorized to honor an order of this Court, that agency is requested or ordered to amend its birth records to reflect the new name as ordered above.
4. This Order does not release the Applicant from any obligations incurred or harm any rights of property or action in any original name.
5. Other orders: _____

Date

Judge