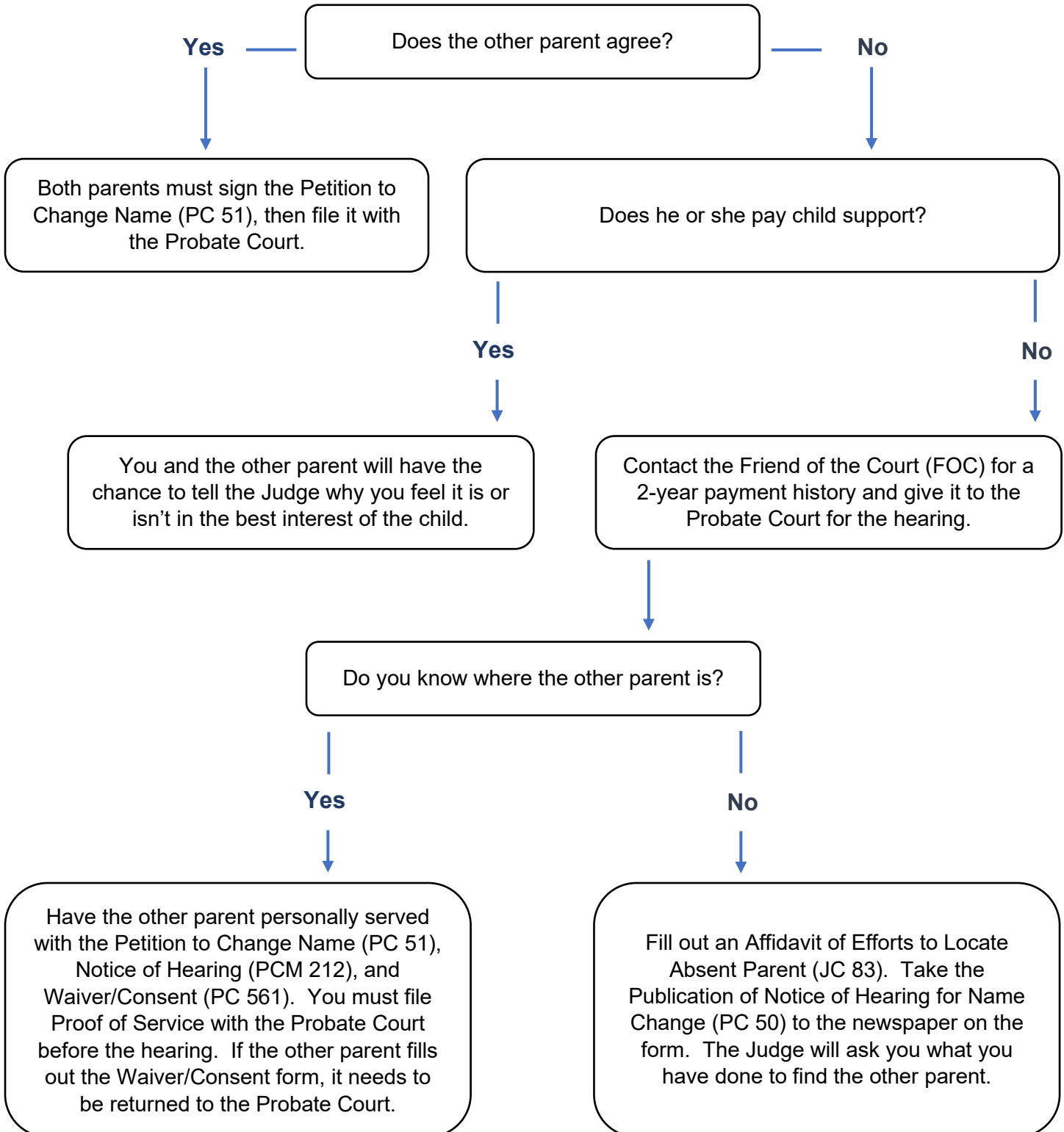




MINOR'S NAME CHANGE FLOWCHART

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225



STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	AFFIDAVIT OF EFFORTS TO LOCATE ABSENT PARENT	CASE NO. PETITION NO. JUDGE
--------------------------------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------

Court address _____ Court telephone no. _____

In the matter of _____
First and last name(s), alias(es)

1. I have made the following efforts to locate and/or serve a summons on _____, the absent parent of the child listed above:
Name

a. requested updated address information from the United States Post Office on _____.
Date

b. contacted directory assistance in _____.
City(ies) and area code(s)

c. interviewed the parent as to the whereabouts of the absent parent.

d. interviewed _____, known relative(s) or friend(s) of the absent parent.
Name(s)

e. contacted _____ Friend of the Court and received the following information:
County

f. submitted a request to the Office of Child Support (OCS) for a search. The status of the OCS search is:
 pending; alternate service is being requested to assure timely notice.
 completed; the search was unsuccessful.

g. checked the federal and state correctional system to determine whether the absent parent is imprisoned.

h. attempted to have the absent parent served at his/her last-known address. Last-known address is:

i. attempted to have the absent parent served at his/her last-known employer. Last-known employer is:

j. other attempts: _____
specify

2. The current address of the absent parent is unknown and cannot be determined after diligent efforts.

 Affiant signature Address

 Affiant name (type or print) Title City, state, zip Telephone no.

Subscribed and sworn to before me on _____
Date

 Deputy clerk/Notary public signature

My commission expires on _____
Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
-------------------------------------------------------------------------------------------------------------	-----------------------	-----------------

In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

		Date _____	
		Signature _____	
Attorney name (type or print) _____	Bar no. _____	Name (type or print) _____	
Address _____		Address _____	
City, state, zip _____	Telephone no. _____	City, state, zip _____	Telephone no. _____

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
----------------------------------------------------------	-------------------------	-----------------

In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only



FILING INSTRUCTIONS FOR NAME CHANGE

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Follow this checklist if you want to change your child's name or your name.

1. The person who wants the name change must live in Van Buren County for at least 1 full year immediately before filing.
2. You will need a copy of the official birth certificate (not hospital record or hospital certificate).
3. Your filing fee is \$175.00. **This fee is not refundable. Please follow each step below.**
4. It will also cost money to publish a notice of hearing in the newspaper and change documents (such as driver's license) at the end of the process.
5. Fill out [Petition to Change Name \(PC 51\)](#).

If you want to change your child's name (under 18 years old)

1. The noncustodial parent can sign the Petition to Change Name with you.
2. The noncustodial parent can sign a [Waiver/Consent \(PC 561\)](#) form (must be personally served).
3. If the noncustodial parent has not followed a child support order for 2 years or more, you need to get a copy of support payment history from the Friend of the Court.
4. Please see [Minor's Name Change Flowchart](#) (VBC-4706).
5. **The Probate Court will run a criminal background check as needed for purposes of the name change petition.**

The Probate Court must wait until the Guardian/Conservator Criminal History Background Consent form is complete.

Publication Instructions (if necessary) and hearing date will be sent to you. If you do not receive this 8 weeks from today, or if you have any questions, contact the Probate Court at (269) 657-8225 or email probate@vanburencountymi.gov

If you do not follow these steps, your hearing may be delayed, or your petition may be dismissed (filing fee is not refundable).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR NAME CHANGE	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use this form (*PC 51*) unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use form *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record* to ask the court for permission not to publish a notice about the name change and to keep the record confidential.
- B. Unless you have received permission not to publish, the law requires that notice of hearing about the petition be published in a newspaper. You must file a completed *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*, with the court. Contact the court clerk for information about when PC 50 must be submitted.

In the matter of _____
Current first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.
2. Each person for whom a name change is sought has been a resident of the county for at least one year.
3. The name change is for
- a. a married person who wishes to also include a name change for their spouse. minor child(ren) of whom the petitioner has legal custody.
 - b. an adult only.
 - c. a minor only.
4. The petition includes a request to change a minor's name. The minor's natural or adopted parents are _____ and _____.
Parent Deceased Parent Deceased
 As applicable, the guardian of the minor is _____ and/or the guardian of a
Name
 mentally incompetent parent is _____. (Attach letters of guardianship.)
Name
5. As to a minor, one or more of the following is the petitioner or consents to the name change: (Check all that apply.)
- the parents, jointly. the sole surviving parent. the only available parent if that parent has legal custody. the guardian of the minor. the guardian of a parent declared mentally incompetent.
6. The name change is for the following reason: _____
7. The name change is not sought for any fraudulent intent.
8. The petitioner has does not have a criminal record, including pending charges. Specify any record:
 (Add sheets if needed.) _____
9. a. The petitioner's spouse and/or minor child(ren) has/have no known criminal record, including pending charges.
 b. The known criminal record(s) of the petitioner's spouse and/or minor child(ren) is/are: (Add sheets if needed.) _____

Note: Skip item 10 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

10. The custodial parent of the/each minor consents to the name change of the minor(s).
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the minor(s) and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
 - a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
 - a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the minor(s), has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
 - b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the minor(s) or a sibling of the minor(s) was the victim. (Attach judgment of sentence.)
 - c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)

11. I request the following name change(s): (Type or print.)

	FROM (current name)	TO (proposed name)	DATE OF BIRTH
Petitioner	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Spouse	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

Note: If you want a new live birth certificate, check item 12. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

12. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name(s) of _____ at birth and to seal the original certificate.
Name(s)

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Petitioner's signature

Petitioner's attorney signature

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date

Date

Signature

Signature

Name (type or print)

Name (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

CONSENT BY SPOUSE OF PETITIONER

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

Date

Signature

Attorney signature

Name (type or print)

Attorney name (type or print)

Bar no.

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

CONSENT BY MINOR

If 14 years old or older, a minor must give written consent to their name change. (Form PC 51b may also be used.)

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

CONSENT BY MINOR

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	CONTACT INFORMATION <input type="checkbox"/> AMENDED	CASE NUMBER and JUDGE
----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------

Court address _____

Court telephone number _____

This form is confidential and not to be served on other parties in this case. Any contact information below that has already been provided or is provided in the future in a public court filing or through the MiFILE system will not be made confidential by this document.

Please provide the following contact information:

1. Your name: _____
First, middle, and last name

2. a. Telephone number where the court can contact me: _____
 This telephone: can cannot receive text messages from the court.
 can cannot receive voice messages from the court.

b. I do not have a telephone number where the court can contact me.

3. a. E-mail address where I can receive e-mails: _____

b. I do not have an e-mail address where I can receive e-mails from the court.

PLEASE READ AND UNDERSTAND THE FOLLOWING:

Upon signing this form, you are consenting to text, e-mail, and/or phone notifications on your court case. If the case is NON-PUBLIC, it is NOT ELIGIBLE for text or phone notifications.

By signing this form, I authorize the _____ court to notify me of upcoming events in this case.
Name of court

I understand, based on the options chosen above that I will receive text, e-mail, and/or voice notifications to the phone number or e-mail address listed on this form. I also understand that the _____ court is not
Name of court

responsible for any additional fees or charges due to my phone carrier data rates.

In the event that my e-mail, or cell or land line phone number changes, I will notify the court to update their records, and if I fail to do so it will result in the termination of this service from the court.

Privacy Disclaimer: Your contact information is necessary to assist the court in providing important information in a timely manner. Your information will not be sold, distributed, or shared with any other entity. You can OPT-OUT of the system at any time. Simply reply OPTOUT to any received message.

 Date

 Signature



GUARDIAN / CONSERVATOR CRIMINAL HISTORY BACKGROUND CONSENT FORM

Court Address
212 E. Paw Paw Street, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8200

As a proposed guardian or conservator, I understand that it is the court's policy to secure criminal history information as a part of the appointment process. I hereby authorize the court to utilize the information given below for the sole purpose of obtaining a criminal history report on me.

Applicant's First Name		Middle Name		Last Name		Maiden / Alias Name	
Address				City		State	Zip
Phone Number <input type="checkbox"/> Cell		Email Address				Date of Birth:	
Race		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		Driver's License Number		State
Height		Weight		Hair color		Eye Color	

(Attach a copy of the Driver's License)

Signature

Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE
----------------------------------------------------------------------------------------	-------------------------------------------------------	------------------------------

Court address _____

Court telephone number _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID number / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID number
4	Passport number
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account number	Paragraph number
7	Financial institution	Account number	Paragraph number
8	Financial institution	Account number	Paragraph number
9	Financial institution	Account number	Paragraph number