

**ASHTABULA COUNTY COURT OF COMMON PLEAS  
PROBATE DIVISION  
ALBERT S. CAMPLESE, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
**TO** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**APPLICATION FOR CHANGE OF NAME OF ADULT**  
**[R.C. 2717.02]**

The applicant states that the applicant is an adult and has been a bona fide resident of Ashtabula County, Ohio, for at least 60 days immediately prior to the filing of this application.

The applicant requests a change of name from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ for the following reason:

The applicant states that the applicant will cause notice of the application to be published once in a newspaper of general circulation in this county at least thirty (30) days before the hearing on this application if required under Local Rule 78.9.

The applicant states that the applicant:  
*(initial on the lines and mark the appropriate boxes)*

- 1) \_\_\_\_\_ has \_\_\_\_\_ has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud.
- 2) \_\_\_\_\_ has \_\_\_\_\_ has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was convicted of, plead guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim or oriented offense.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Telephone Number (include area code)

Attorney Registration No. \_\_\_\_\_