

LASRIS, WALSH & ASSOCIATES, P.C.

Attorneys and Counselors at Law
Confidential Background Information

NAME CHANGE

Date: _____, 20____

Please Answer all Questions Completely

All information which you provide to us will be held in strictest confidence. If you feel uncomfortable about answering any question, please feel free to omit the answer. If you feel you have been provided an incorrect form, please let the receptionist know.

1. **Your Full Legal Name:** _____ Jr. Sr. _____
Address: _____ City: _____ State: _____ Zip: _____
Email address: _____ Cell Phone: _____
Work Phone: _____ Home Phone: _____

Spouse's Full Legal Name: _____ Jr. Sr. _____

2. **Parent information for whom this Name Change is sought:**

Father's full name: _____

Mother's full current name: _____

Mother's full *maiden* name: _____

3. If this is a Name Change for a child:

Have you ever been involved in a custody dispute regarding the child(ren)? Yes No

If so, state the name/location of the court and the outcome: _____

4. How did you learn of our office? _____

5. Have you ever used an attorney before? Yes No Subject (optional): _____

A word about fees

For "uncontested" matters, your attorney can quote you a fixed fee; for other services, fees are generally charged on a time basis. Fees quoted are representative of similar cases, but are nevertheless estimated and depend upon the amount of work involved to bring your case to a conclusion. This will be explained by your attorney and in your retainer agreement with your attorney.

After consulting with your attorney, if you find you do not need a lawyer or do not now wish to retain the lawyer with whom you consulted, you will be charged a *\$150.00 consultation fee* which is payable upon the conclusion of your visit (unless you have prepaid). This information sheet and the attorney's notes will be retained for future use if you later decide to retain one of the Law Center's attorneys.

PLEASE FILL OUT REVERSE SIDE . . . THANK YOU

ADDITIONAL INFORMATION REQUIRED FOR NAME CHANGE

IF YOU SEEK TO CHANGE YOUR NAME

Your Full Name AFTER Name Change: _____

Date of Birth: _____ Place of Birth: City/County _____ State _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever changed your name before? Yes No If yes, explain: _____

If your name was changed due to a previous marriage:

Your former spouse's name: _____ Date of divorce: _____

IF YOU SEEK TO CHANGE THE NAME OF YOUR CHILD(REN)

Full Name(s) of child(ren) at birth:

(1) _____ Date of Birth: _____

City and State of Birth: _____

(2) _____ Date of Birth: _____

City and State of Birth: _____

(3) _____ Date of Birth: _____

City and State of Birth: _____

Child(ren)'s Full Name(s) AFTER Name change:

(1) _____

(2) _____

(3) _____

Full Legal Name of other biological parent: _____

Address of this parent: _____

Do biological parents consent to the name change? Yes No

If consent is withheld, why? _____

Were you married at the time of said child/children's birth? Yes No

If a biological parent is deceased, is a death certificate available? Yes No

Full name of deceased parent: _____

Place of Death: _____ Date of Death: _____