

# LASRIS, WALSH & ASSOCIATES, P.C.

Attorneys and Counselors at Law  
Confidential Background Information

For office use only:

EOC: \_\_\_\_\_

ATTY: \_\_\_\_\_

PAID: \_\_\_\_\_

## 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

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

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