



FORT MOJAVE TRIBAL COURT
 Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation
 Physical & Mailing Address:
 8492 South Highway 95, Mohave Valley, Arizona 86440
 Telephone: (928) 346-5200 Fax: (928) 346-5287

PETITIONER: _____
 Address: _____
 City, State, Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____
 v.

**COURT USE
ONLY**

RESPONDENT: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____

Case Number

Division: **CIVIL**

PETITION FOR NAME CHANGE

1. Name of Petitioner: _____

2. Petitioner requests that the Court decree the following name change(s) (list every name that you are seeking to change):

PRESENT NAME

PROPOSED NAME

- A. _____ changed to _____
- B. _____ changed to _____
- C. _____ changed to _____
- D. _____ changed to _____

[] Continued: If you are seeking to change additional names, you must prepare a list and attach it to this Petition as "Attachment A".

3. Number of persons under 18 years of age whose names are to be changed: _____

4. If this Petition requests a change of name for any person(s) under 18 years of age, this request is being made by:

- Both Parents Mother Only Father Only
- Near Relative (Name/Relationship) _____
- Guardian (Name) _____
- Other (Specify) _____

5. For each person whose name is to be changed, Petitioner provides the following information (you must attach a separate copy of the "Reason for Name Change" form).

6. I live within outside (check one) the boundaries of the Fort Mojave Indian Reservation

7. I have posted notice of this change of name by using the following method(s):

Publishing in Newspaper or Tribal Newsletter as Set Forth Below (Certificate of Publishing must be filed with the Clerk's Office):

Name of Newspaper/Newsletter	Address
_____	_____
_____	_____
_____	_____

Posting in Prominent Places on the Fort Mojave Indian Reservation as set forth below (Certification of Posting must be filed with the Clerk's Office):

Place of Posting	Address
A. _____	_____
B. _____	_____
C. _____	_____

8. I certify under the penalty of perjury that I notified all of my known creditors of this action, as set forth below:

Name of Creditor(s)	Address
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

9. This name change is not being requested to defraud any creditor, nor avoid any legal debts or responsibilities.

REQUIRED DOCUMENTS

Attachment(s) Certified Copy of Birth Certificate Evidencing Birth Name Marriage Certificate

IMPORTANT INFORMATION

TO THE INDIVIDUAL FILING THESE DOCUMENTS: You must provide (3) copies of your Petition (including the original) upon filing with the Clerk’s Office. The filing fee of \$15.00 is required at the time of filing and is payable by Money Order, Cashier’s Check, or Credit/Debit Card. No cash or personal checks are accepted for payment. If you decide to utilize the Fort Mojave Process Server, you must contact (760) 267-6490.

You are responsible for having these documents served on the other party and filing Proof of Service with the Clerk’s Office. Once your Proof of Service is received by the Clerk’s Office, a hearing in the matter will be scheduled within 45 days.

DO NOT BRING CHILDREN.

Children will not be allowed in the hearing and may NOT be left unattended.

Date: _____

Signature: _____

Printed Name: _____