



YUROK TRIBAL COURT

PO Box 1027 / 230 Klamath Blvd.

Klamath, CA 95548

(707) 482-1350 phone

(707) 482-0105 fax

Court File Number: _____

Case Type: FAMILY CODE

[FILE]

In Re: _____

_____,
Petitioner,

v.

_____,
Respondent.

MOTION for Change of Name

☐ Custody

☐ Annulment

☐ Guardianship

☐ Other

☐ Dissolution

☐ Legal Separation

☐ **YOU MUST ATTACH AN ENROLLMENT VERIFICATION FROM THE YUROK TRIBE ENROLLMENT DEPARTMENT**

☐ There are NO other open court cases regarding *Change of Name* for this Petitioner

1. Moving (Requesting) Parties identifying information:

Name: _____
(First) (Middle) (Last)

Relationship to person's name you are requesting to change: _____

Mailing address:

Address

Apt. #

City

State

Zip Code

2. Identifying information of person who's name you are requesting to change:

Present legal name: _____

Proposed legal name: _____

Date of Birth: _____ Age: _____

Gender (at time of birth): Male ☐ Female ☐



Mailing address:

Street Address		Apt. #
City	State	Zip Code

Physical address:

Street Address		Apt. #
City	State	Zip Code

List any other names this person has gone by: _____

3. Reason for name change request (attach extra sheet if necessary, label *Attachment to Motion*):

4. ☐ Person whose name is to be changed is an emancipated minor.

☐ You Must Attach Emancipation Order

NOTICE TO REQUESTER:

Debtor/Creditor

By signing your name below (Requester's Signature) you acknowledge full responsibility of timely and properly informing any and all creditors of this MOTION for Change of Name and any subsequent DECREE CHANGING NAME issued by the Yurok Tribal Court.



Proof of Service

You must serve this MOTION for Change of Name on all interested parties of the case in which you are filing this motion. You must also provide them a blank copy of the DECLARATION Regarding MOTION of Change of Name (YTNC-300).

DATE: _____

Requester's Signature

Telephone Number

Email address