



## **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 or CHILDREN'S CODE

Case Name: \_\_\_\_\_

Petitioner, \_\_\_\_\_

v.

Respondent \_\_\_\_\_

[FILE]

### **DECLARATION responding to MOTION for Change of Name**

<input type="checkbox"/> Custody	<input type="checkbox"/> Annulment
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Other
<input type="checkbox"/> Dissolution	<input type="checkbox"/> Legal Separation

#### 1. Declarant's identifying information:

Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Relationship to person's whose name is to be changed: \_\_\_\_\_

#### Mailing address:

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

#### 2. As an Interested Party in the above titles case I (*check one*):

**AGREE** to the proposed name change of: \_\_\_\_\_

**I DO NOT AGREE** to the proposed name change of: \_\_\_\_\_



3. Reason you AGREE or DO NOT AGREE (attach extra sheet if necessary, label *Attachment to Declaration*):

4.  Person whose name is to be changed is an emancipated minor.  
 You Must Attach Emancipation Order

# Proof of Service

**You must serve A COPY of this DECLARATION on all interested parties of the case in which you are responding to. You must file the ORIGINAL SIGNED Declaration with the Yurok Tribal Court. You must file a Proof Of Service with the Court as well.**

DATE:

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**Declarant's Signature**

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Telephone Number

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Email address