

**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**☐ Custody☐ Annulment☐ Guardianship☐ Other☐ Dissolution☐ 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 Code2. 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: _____

Declarant's Signature

Telephone Number

Email address