



Name Change Form

Date: _____

Case Number: _____

Name of Parent: _____

Social Security #:

e-mail address:

New Name: _____

Effective Date: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Signature: _____

Parties must inform the District Court Trustee in writing of any changes of name, address and employer within 7 days of such change. Correspondence from this office will not be forwarded.

Note: Please save a copy of this form before submitting via e-mail. Please e-mail the saved copy.

Submit by Email

Print Form