



# Court Assistance Office

## Forms Packet Instructions: ADULT NAME CHANGE

**Arianne Despain**  
Court Assistance Officer  
Available Monday-Friday / 8am-5pm



Email: cao@bannockcounty.us



Phone: 208-236-7067



Fax: 208-203-7431 (checked Wednesdays)

### ☑ Watch these CAO videos **BEFORE** filling out your forms:



• [How to fill out your forms.](#)



• [Information for Self-Represented Parties](#)

### ☑ Complete **ALL** of the following forms:

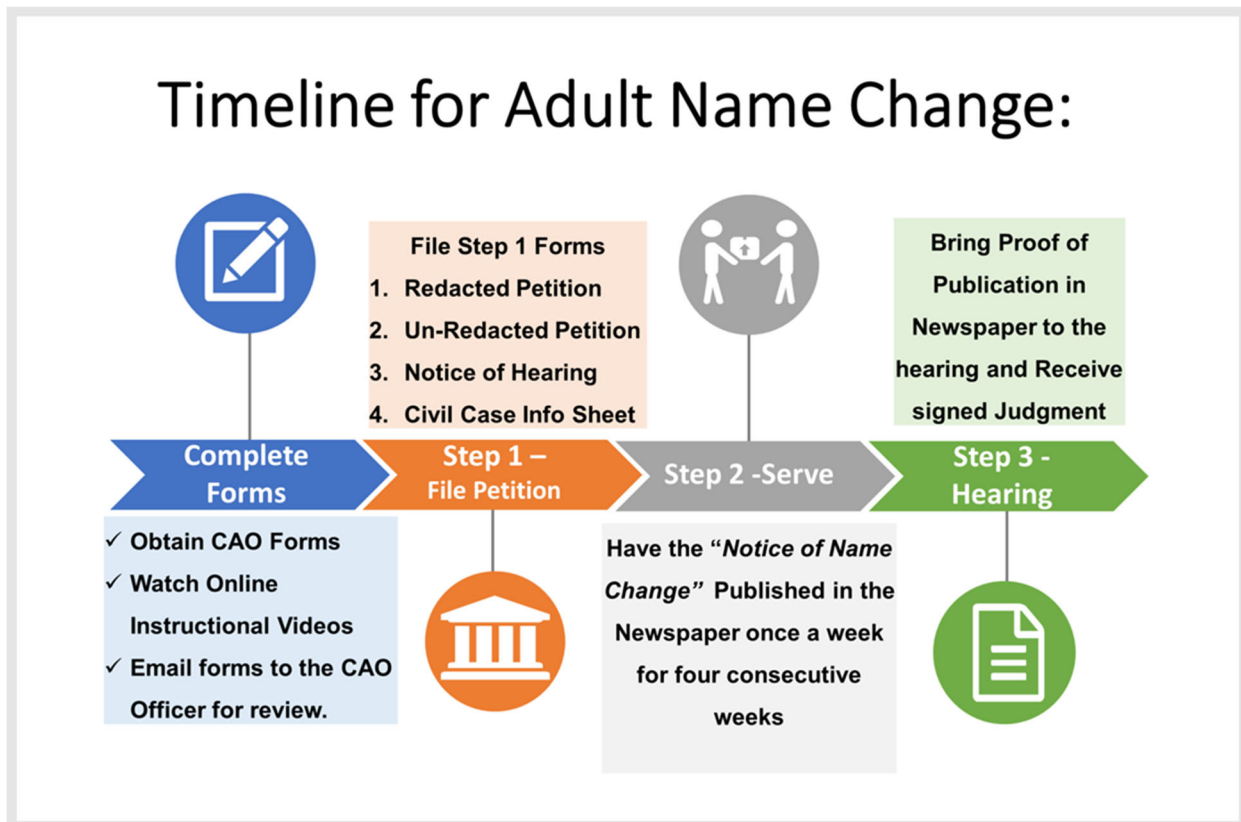
- Civil Case Information Sheet
- Unredacted Petition for Adult Name Change
- Redacted Petition for Adult Name Change
- Notice of Hearing on Petition for Name Change
- Letter to Newspaper (required publication in Newspaper—Cost is \$250+)
- Judgment of Name Change

**\$166**  
**Filing**

### ☑ Scan the forms & email them back for review:

We cannot accept images of these forms. They must be in PDF format.

[CLICK HERE for a list of scanning Resources](#)



# CAO Online Form Review

## COVER SHEET



Please select the type of form review you are submitting:

- |  |  |
|--|--|
| <input type="checkbox"/> Divorce <b>NO</b> Minor Children        | <input type="checkbox"/> Mandatory Child Support Disclosures |
| <input type="checkbox"/> Divorce <b>WITH</b> Minor Children      | <input type="checkbox"/> Eviction                            |
| <input type="checkbox"/> Custody, Paternity, & Child Support     | <input type="checkbox"/> Forcible Detainer                   |
| <input type="checkbox"/> Modification of Custody & Child Support | <input type="checkbox"/> Name Change- <b>ADULT</b>           |
| <input type="checkbox"/> Family Case Response                    | <input type="checkbox"/> Name Change- <b>MINOR</b>           |
| <input type="checkbox"/> Family Case Response & Counterclaim     | <input type="checkbox"/> Civil Case Answer                   |
|  | <input type="checkbox"/> _____                               |
|  | <input type="checkbox"/> _____                               |

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and respond to me directly within 48 hours.

The Court Assistance Office assigned to my form review is: **208-236-7067**  
**cao@bannockcounty.us**

The Court Assistance Officer does not represent parties or any of their interests. While confidentiality practices concerning anything discussed are utilized, it is not guaranteed. The Court Assistance Officer may provide services to the opposing party/ies (other person/s involved in the same case). The Court Assistance Officer can only give information; not interpretations of laws or strategies for any case. If seeking representation, a confidential consultation, or legal advice, you will have to consult with a private attorney.

---

NAME

INITIAL

DATE

---

EMAIL

PHONE

**CONFIDENTIAL Case Information Sheet**

Fill out this form to start a **General Civil Law** case.

The information you give us is **private**.

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

**DO NOT SERVE THIS DOCUMENT ON OTHER PARTIES**

**Complete this form for each of the parties for whom you are submitting this initial pleading.** It is not necessary to provide information about other parties.

The personal identifiers collected by the Court below are collected for the purpose of ensuring that the Court's party records are accurate and to better differentiate individuals or businesses with common names. It will be used for this purpose alone and will not be disclosed to the public including the parties in the subject lawsuit.

**Information about Party**

Name:     
*First Middle Last*

Legal name of business entity:

Any other names used:

Address:      
*Street City State Zip*

Mailing Address (if different):

Phone numbers: Home  Work  Cell

Email:

Driver's License: State  Number  Date of Birth:

If the accompanying pleading is filed on behalf of more than one party, provide information regarding those additional parties below.

**Information about Party**

Name:     
*First Middle Last*

Legal name of business entity:

Any other names used:

Address:      
*Street City State Zip*

Mailing address (if different):

Phone numbers: Home  Work  Cell

Email:

Driver's License: State  Number  Date of Birth:

**COMPLETE INFORMATION FOR ADDITIONAL PARTIES ON ADDITIONAL PAGE(S) IF NECESSARY**

## INSTRUCTION FOR NAME CHANGE CAO NC INSTRUCTION 1

To petition (ask) for a name change in Idaho as an adult, you will need the following forms

- NCA 1-1 Petition for Name Change
- NCA 1-2 Notice of Hearing
- General Civil Case Information Sheet
- NCA 8-1 Judgment for Name Change
- NC 1-3 Name Change Letter for Publication

### **Step 1. Obtain and Complete the Required Forms**

Complete the forms listed above by typing or neatly and legibly printing in **black ink**. Fill in your full current name, address, telephone number, and email address (if you have one) on the lines provided at the left-hand corner of page 1 of each form. Fill in the judicial district and your county in the heading in capital letters (for example, "IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT IN AND FOR THE COUNTY OF LATAH"). Fill in your full legal name on the line after "In RE" in the caption. Fill out the remainder of each individual form, providing the information requested. If a section of a form does not apply to you, write "none" or "N/A". To complete the Petition, you must fill in the name of the newspaper that your county has designated for publishing the name change hearing notice. Go to this website to find the appropriate newspaper for your county: <http://www.courtselfhelp.idaho.gov/name-changes>. Sign and date the Petition certifying that the information is true and accurate, subject to the penalty of perjury if it is not.

### **Step 2. Make Copies and File With the Clerk**

Make a copy of your Petition and two copies of your Notice of Hearing. Place the copies underneath each completed form.

Go to the window in the Clerk's Office in the county where you live. Give the Clerk the following:

- Filing fee payable in cash or money order, not by personal check (visit <http://www.courtselfhelp.idaho.gov/filingfees> for current filing fees), or a Motion and Affidavit for Fee Waiver, FW 1-9, and a proposed Order Re: Fee Waiver, FW 1-10.
- The original General Civil Case Information Sheet
- The original plus one copy of the Petition for Name Change (ANC 1-1)
- The original plus two copies of the Notice of Hearing (Name Change) (ANC 3)

Ask the Court Clerk to set your hearing at least six weeks later. The Court Clerk will issue the Notice of Hearing when your filing fee is paid or when a judge approves your fee waiver. Some Court Clerks keep the original Notice of Hearing and give you only the two copies (one for you and one for the newspaper). Other Court Clerks will give you back the original and the copies. The original will have to be in the court file for your hearing. Be sure to keep it safe.

### **Step 3. Have the Notice of Hearing published in the newspaper.**

Sign the Letter for Publication and send it, along with a copy of the Notice of Hearing, to the designated newspaper for your county. The Notice must be published once a week for (4) four successive weeks. The newspaper will send you the Affidavit of Publication. Take (or mail) the Affidavit of publication to the Court Clerk at the Courthouse for filing. If you were given the original Notice of Hearing, return it to the Court Clerk with the Affidavit of Publication.

#### **Step 4. Attend the Hearing**

Idaho Code §7-804 requires the Petitioner appear at the hearing. If you have not filed your Affidavit of Publication, do so before the hearing. Bring the original Judgment, plus as many copies of the Judgment as you will need to have certified (for social security, driver's licensing, payroll, etc.). The judge may require that you be examined under oath at the hearing, or the judge may sign the Judgment without testimony if no one appears at the hearing to object.

Sample testimony is: "My name is \_\_\_\_\_. I was born on \_\_\_\_\_. I am not being sued by any creditors. I am not considering filing a bankruptcy. I have never been convicted of a crime (or an explanation of the circumstances). I want to change my name because: \_\_\_\_\_."

After the judge signs the Judgment, you can obtain certified copies from the Court Clerk's office. A certified copy will cost you \$.50 a page plus \$1.00 for the seal, since you provided the copies. If you forgot copies, the charge will be \$1.00 a page plus \$1.00 for the seal.

#### **Minor name change**

If you are petitioning (asking) to have a minor's name changed you follow the same steps described above, but use some different forms: NCM 1-1 or NCM 1-4 for the petition; NCM 1-2 or NCM 1-5 for the notice of hearing; and NCM 8-1 or NCM 8-2 for the judgment, (the letter of publication to the newspaper is the same for adults and minors). The parent(s) or guardian will be the petitioner in the action. The child/ren's current legal name(s) is (are) used in the "In Re:" section of the documents.

The Petition can be filed by one or both parents. If only one parent signs the petition the other parent must either sign the Parental Consent to Name Change (NCM 2-1), or be served with a copy of all documents at least 30 days before the hearing. An Affidavit of Service must then be filed with the court (NCM 2-2 or NCM 2-3) showing how the other parent was served.

When a guardian is filing the Petition the guardian must provide notice to the child/ren's living parents at least 30 days before the hearing. If both parents are deceased or their addresses are unknown, the guardian must serve the child/ren's living grandparents at least 20 days before the hearing.

**Note:** For more than one child, you will need to use a separate parental consent form NCM 2-1 for each child. You can check with your local Court Assistance Office to find out if you will need to use one of these additional forms to process the child/ren's name change/s.

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_  
Legal Name

Case No. \_\_\_\_\_

UNREDACTED PETITION FOR  
NAME CHANGE  
(Adult or Emancipated Minor)

Fee Category: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

I certify:

1. My full legal name and current residence are listed above.
2. I was born on (date) \_\_\_\_\_, \_\_\_\_\_, in the city of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_.
3. I want to change my name to \_\_\_\_\_  
Reason I want to change my name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The name change is not to avoid creditors or outstanding debts. I am not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.
5. I ask that a Deputy Clerk of the Court Issue a Notice of Hearing in this case to be published for four (4) successive weeks in (newspaper name) \_\_\_\_\_

newspaper designated by the court as most likely to give notice in: \_\_\_\_\_  
County, the County where I reside (visit <http://www.isc.idaho.gov/Name-Change-Publications> for a list of newspapers by county).

WHEREFORE, I ask that the Judge sign a Judgment changing my name as I have asked.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_  
Legal Name

Case No. \_\_\_\_\_

REDACTED PETITION FOR NAME  
CHANGE  
(Adult or Emancipated Minor)

Fee Category: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

I certify:

1. My full legal name and current residence are listed above.  
2. I was born on (year of birth) XX/XX/\_\_\_\_\_, in the city of \_\_\_\_\_  
\_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_  
\_\_\_\_\_.

3. I want to change my name to \_\_\_\_\_  
Reason I want to change my name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The name change is not to avoid creditors or outstanding debts. I am not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.

5. I ask that a Deputy Clerk of the Court Issue a Notice of Hearing in this case to be published for four (4) successive weeks in (newspaper name)\_\_\_\_\_



newspaper designated by the court as most likely to give notice in: \_\_\_\_\_  
County, the County where I reside (visit <http://www.isc.idaho.gov/Name-Change-Publications> for a list of newspapers by county).

WHEREFORE, I ask that the Judge sign a Judgment changing my name as I have asked.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_  
Legal Name

Case No. \_\_\_\_\_

NOTICE OF HEARING  
ON NAME CHANGE  
(Adult or Emancipated Minor)

A Petition to change the name of \_\_\_\_\_, now residing  
in the City of \_\_\_\_\_, State of Idaho, has been filed in the District Court in  
\_\_\_\_\_ County, Idaho. The name will change to \_\_\_\_\_.  
The reason for the change in name is: \_\_\_\_\_

A hearing on the petition is scheduled for \_\_\_\_\_ o'clock \_\_\_\_\_. m. on (date) \_\_\_\_\_  
at the \_\_\_\_\_ County Courthouse. Objections may be filed by any person who  
can show the court a good reason against the name change.

Date: \_\_\_\_\_

CLERK OF THE DISTRICT COURT

\_\_\_\_\_  
Typed/printed name

By: \_\_\_\_\_  
Deputy Clerk

RE: Name Change

Enclosed for publication is a Notice of Hearing for a name change, which must be published once each week for four consecutive weeks. When publication is completed, please send your statement, together with Proof of Publication, to the undersigned.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Signature

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_  
Legal Name

Case No. \_\_\_\_\_

JUDGMENT FOR NAME CHANGE

JUDGMENT IS ENTERED AS FOLLOWS:

The name of \_\_\_\_\_, born on  
(date) \_\_\_\_\_, \_\_\_\_\_, is changed to \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE

# **STOP**

**FORMS MUST BE  
APPROVED BY CAO PRIOR  
TO FILING.**

**Email**

**[cao@bannockcounty.us](mailto:cao@bannockcounty.us)**

**OR Call 208-236-7067**