

FOR OFFICE USE ONLY:

INITIALS BELOW:

In Amicus, entered:

____ both parties name, address, phone, email

____ case # entered

____ court # entered

____ status "closed"

In Amicus, was either party previously in Amicus ____ (y/n)

Fee Collected _____

Copies Made _____

Copied Driver's License or ID _____

Provide Pen _____

CLIENT QUESTIONNAIRE

Adult Name Change

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as _____, in the consultation with you, you will be waiving the Attorney-Client Privilege. _____ (your initials)
- Please attach consult fee of \$_____.
- Please provide your driver's license for copying.

Full Name: _____ Soc. Sec. No.: _____

Gender: _____ Race: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ Issuing State: _____

City/State/Country of Birth: _____

Home Phone: _____ Work Phone: _____ Other/Cell Number: _____

E-mail Address: _____ Facsimile Number: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

FBI, SID or other reference number to your criminal history record: _____

Have you been charged with an offense above a class C misdemeanor? _____

If yes, please state the offense, date of the charge, case number and court number:

Have you been convicted of a felony? _____

Are you required to register as a sex offender? _____

Why do you want a name change? _____

What are you requesting your new full name to be? _____

**YOU MUST PROVIDE TWO COMPLETE SETS OF FINGERPRINTS
ON OFFICIAL FINGERPRINT CARDS
PLEASE CALL 1-888-467-2080, OR GO TO YOUR LOCAL POLICE, SHERIFF OR
CONSTABLE OFFICE
TO HAVE THE PRINTS TAKEN**