



IN THE DISTRICT COURT OF SPOKANE COUNTY WASHINGTON NAME CHANGE INSTRUCTIONS

Name Change Filing Information (509) 477-4770 Option 8
Revised 07/25/2021

Petitioners for name changes in District Court must be at least 18 years of age. Name changes for minors are filed in Superior Court and require different forms.

The original Petition and Order must be filed in the Clerk's office at 721 North Jefferson in the Broadway Centre Building between 8:30 AM – 5:00 PM Monday through Friday (closed from 12:00 PM – 1:00 PM.) The instructions, Petition and Order Changing Name are available at the Clerk's office or on the internet at www.spokanecounty.org. **PRINT OR TYPE THE PETITION LEGIBLY. THE ORDER CHANGING NAME can be created by the clerk's office at the time of filing.**

A **\$287.00** filing fee must be paid by cash or check at the time of filing. This includes one (1) certified copy. Additional certified copies are **\$5.00 each**. The Clerk will assign a court date at the time of filing. The Judge may request to see your birth certificate, divorce decree, picture identification or other documentation. Court dates are set for Fridays at 9:00am.

Sealed Name Changes: If you would like to have your name change sealed, you will need to file in Superior Court. If you have any questions regarding a sealed name change, you may contact Superior Court at (509) 477-2211. *RCW 4.24.130 (5). If you file in District Court your Name Change is Public Record.*

REQUIRED NOTIFICATION TO OTHER AGENCIES

Birth Certificate: If you were born in Washington State and wish to change your birth certificate, contact the department of Vital Records at (360) 236-4300. If you were born in a different state, you should contact that state for the fee schedule and notify them of the name change. Fee schedules vary from state to state.

Social Security: The Social Security Administration requires a certified copy of the Order Changing Name. They will return your copy after they have documented the change. The address of the local office is 714 N. Ironbridge Way, Suite 100, Spokane, Washington 99202. Their phone number is (800) 772-1213.

Department of Licensing: The Department of Licensing requires a certified copy of the Order Changing Name. They will return your certified copy. There is a fee to change your current license. Their Spokane locations are: 9107 N. Country Holmes Blvd., phone: (509) 482-3883, or 12801 E. Sprague, phone: (509) 921-2358.

Military: If you are in the military, a certified copy of the Order Changing Name will be needed to correct your military records.

Sex Offender: If you are required to register as a sex offender pursuant to RCW 9A.44.130, you must submit a copy of this application to the county sheriff of the county of your residence and to the state patrol **at least five (5) days before** the entry of an order granting the name change. If an order is granted changing your name, then you must submit a copy of the order to the county sheriff of the county of your residence and the state patrol within five (5) days of the entry of the order. You will be required to show proof of the notification.

Department of Corrections: If you are under the jurisdiction of the Department of Corrections, you are required to submit a copy of the petition to the Department **not fewer than five (5) days** before the hearing. You will be required to show proof of the notification.

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR CHANGE OF
NAME (RCW 4.24.130)**

Hearing Date: _____

Time: 9:00 a.m.

Location: 721 N. Jefferson, Court Room 203

1. I am applying for a Court Order which will change my name:

A. FROM: (Current Full Legal Name)

Current First Name	Current Middle Name	Current Last Name
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B. TO: (New Legal Name Desired)

Proposed First Name	Proposed Middle Name	Proposed Last Name
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2. This “*Petition for Change of Name*” is made for the following reason(s):

3. I reside in Spokane County? Yes No

4. Does any person (entity) have guardianship over your person or estate? Yes No

5. Do you have picture identification to show at time of name change? Yes No

6. Is this Petition being made to avoid creditors? Yes No
7. Is this Petition being made for any illegal or fraudulent purpose? Yes No
8. Is this Petition being made because of domestic violence and you desire to have the name changed sealed due to reasonable fear for safety (RCW 4.24.130 (5))? Yes No

If you marked "Yes" – You must file your Sealed Name Change Petition with Superior Court.

9. I AM under the jurisdiction of the Department of Corrections (or under probation with the Department of Corrections)? * Yes No
10. I AM required to register as sex offender under RCW 9A.44.130? ** Yes No
11. Is there anything else you would like to present to the Court in support of your name change? Please describe. _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this date

Petitioner's Signature

Print Petitioner's Name

* If under the jurisdiction of Department of Corrections, a copy of this application (petition) shall be submitted (BY THE PETITIONER) to said Department not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Department within five (5) days of entry of an order granting name change. Violation of a misdemeanor. RCW 4.24.130(2).

** If subject to registration under RCW 9A.44.130 (sex offender statute) a copy of this application (petition) shall be submitted (BY THE PETITIONER) to the Spokane County Sheriff AND the Washington State Patrol not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Sheriff and the WSP within three (3) business days of entry of an order granting name change. See RCW 9.44.130(7).

District Court complies with Americans with Disability Act – for accommodations contact Court Operations Manager 477-2903

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR CHANGE OF
NAME CONFIDENTIAL
INFORMATION SHEET**

1. DATE OF BIRTH:

Month

Day

Year

2. RESIDENTIAL ADDRESS:

Street

City

State

Zip

Phone

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this date

Petitioner's Signature

Print Petitioner's Name

Request to Change Sex Designation on a Birth Certificate for an Adult

Who may request a change?

An adult who was born in Washington State and wants to change their sex designation on their birth certificate may request the change using this form.

What is required under WAC 246-490-075?

Adults (over 18 years of age or an emancipated minor)

- The request form must be completed by a person requesting to change the sex designation on their birth certificate. Emancipated minors must include proof of legal emancipation under chapter 13.64 RCW (i.e. certified court order). Guardians acting on behalf of an adult must include proof of guardianship appointed under chapter 11.92 RCW.
- The request form must be signed in the presence of a Notary Public.

Applicable Fees

There is no fee to amend the record. If you would like to order a certificate with a correction request send a completed [Certificate Order Form](#) with your correction request with a check /money order for \$25. Include all required documents referenced on the certificate application instruction page. The certificate will be issued after processing the correction.

Exchanging a certificate: If you currently have a certified copy of a certificate that was issued less than one year ago, send in the certified copy of the certificate with this correction request; we will exchange the certificate at no charge.

Additional Information

If your full current legal name is different than the full name listed on your birth certificate, you must provide a certified legal name change court order with this request form. If you want your full current legal name amended on your birth certificate, indicate by checking the appropriate box. Additional proof documentation might be requested. For information on legally changing your name, please visit www.doh.wa.gov/VitalRecords.

Use by government agencies

At this time we are unsure if other agencies, such as Passport, will accept these amended certificates. For those that include change of sex, nothing on the record will indicate a change was made. This will make it difficult to connect the current record with the previous name on other documentation. In some cases, a court order might be needed for full use of the new name and sex designation.

Mailing the form:
Center for Health Statistics
Department of Health
PO Box 47814
Olympia WA 98504

Phone: 360-236-4300

Email: VitalRecordsCorrections@doh.wa.gov

Web: www.doh.wa.gov/VitalRecords



DOH 422-143 July 2022

Request to Change Sex Designation on a Birth Certificate for an Adult

CLEARLY PRINT OR TYPE INFORMATION. This request form must be signed in the presence of a Notary Public. See the front page *Information Sheet* for instructions and further details. **WARNING:** Willfully providing a false statement to the Department of Health for a certificate is a gross misdemeanor under Washington law. RCW 70.58A.590(2).

Complete in Ink

Office Use Only				
Certificate Number	Fee Number	Date Amended	Staff Initials	Amendment Number
Applicant's Information				
First name <i>(as appears on Birth Certificate)</i>	Middle name <i>(as appears on Birth Certificate)</i>	Last name <i>(as appears on Birth Certificate)</i>		
Full current legal name <i>(if different, submit certified legal name change court order)</i>				
First	Middle	Last		
Amend name on birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth <i>(MM/DD/YYYY)</i>	Place of Birth <i>(City or County)</i>		
Mother/ Parent 1 Birth Name <i>(First, Middle, Last)</i>				
Father/ Parent 2 Birth Name, if applicable <i>(First, Middle, Last)</i>				
Mailing Address <i>(Address, City, State, ZIP code, Country)</i>				
Phone number () -		Email Address		
What sex designation is currently shown on your birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X				
What sex designation are you requesting to show on your birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X				

By signing and submitting this document to the Department of Health, you certify under penalty of perjury under the laws of the State of Washington (chapter 9A.72 RCW) that the foregoing is true and correct.

Requestor signature _____

Signed and sworn before me on _____ by _____
Date (MM/DD/YY) *Print Full Name of Requestor*

State of _____, County of _____

Place notary seal here

_____,
Signature of Notary Public *Title of Office*

Printed Full Name of Notary Public My commission expires _____
Notary Use Only

**In the District Court of Washington
For Spokane County**

No. _____

Petitioner/Plaintiff,
vs.

Respondent/Defendant.

**Motion and Declaration For Waiver of Civil
Filing Fees and Surcharges
(MTAF)**

I. Motion

- 1.1 I am the petitioner/plaintiff respondent/defendant in this action.
1.2 I am asking for a waiver of all filing fees and surcharges.

II. Basis for Motion

- 2.1 GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Dated: _____

Signature of Requesting Party

Print or Type Name

III. Declaration

I declare that,

- 3.1 I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached confidential Financial Declaration, which I incorporate as part of this declaration.
3.2 In addition to the information in the financial statement I would like the court to consider the following:

- (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Print or Type Name

District Court Financial Declaration (Confidential)

You must provide proof of income/support and expenses (screen shots are permissible) RCW9.94A.760(7)(b)

Defendant: _____
 Spouse: _____
 Address: _____

 Phone: _____
 Email: _____

Case Number(s): _____

Name & Relationship of DEPENDENTS (only list if live with & supported by YOU)	DOB

Presumptive Indigency:

Supplemental Security Income SSI	\$
Aged, Blind, Disabled ABD	\$
Medicaid (is based upon indigency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Care Services MCS (for ABD non-citizens)	<input type="checkbox"/> Yes <input type="checkbox"/> No

STOP HERE- PRESUMPTIVE INDIGENCY

Indications of Indigency: Mthly Amount

Food Asst Benefits (Food Stamps)	\$
Suppl Nutrition Asst Program SNAP	\$
Temp Assist Needy Families TANF	\$
Housing & Essential Needs HENS	\$
Pregnant Women Assist PWA	\$
Refugee Resettlement	\$
Refugee Cash Assistance RCA	\$
Charities/COVID Program _____	\$
Other (specify) _____	\$

Monthly Expenses	Amount
Food (not covered by food assistance)	\$
Toiletries/Clothing	\$
Rent/Mortgage (your portion only)	\$
Past Due Rent (your portion only)	\$
Utilities (your portion only): Gas/Electricity	\$
Water/Sewer/Garbage	\$
Phone/Internet (your portion only)	\$
Transportation - Bus	\$
Gasoline	\$
Insurance - House and Auto	\$
Court required Treatment/MRT Cost	\$
PAR/Valley Empire Payments	\$
Garnishment Amounts	\$
Medical/Dental Costs (only if actively paying)	\$
Past Due Medical/Dental (actively paying)	\$
Medication/Prescription Costs	\$
Student Loans (if actively paying)	\$
Child Care (if employed/in school)	\$
Child Support (if actively paying)	\$
Other (specify)	\$
Total Monthly Expenses	\$

Income You Spouse

Take Home Pay (after all deductions)	\$	\$
Child Support Received	\$	-----
Soc Sec Disab Insur SSDI (earned)	\$	\$
VA Benefits (benefits earned)	\$	\$
Retirement/Social Security payments	\$	\$
Unemployment	\$	\$
Total Income	\$	\$

Liquid Assets:	Amount
Bank Savings (include joint accts)	
Equity in Home	
Equity in Vehicles/Boats/RV/Snowmobiles	
Stocks, Bonds, Certificates of Deposit	

EMPLOYER: List: Employer Name Your Job Title Full/Part Time **Must Provide copies of last 2 pay stubs**

List information about employment or lack of and other information to assist the court:

I understand that I am under oath and must respond truthfully, honestly, completely and provide information concerning earning capabilities past, present and future, and to list all financial assets. Failure to comply may result in a new criminal charge. I understand I am required to keep the Court notified, in writing, of my current address and contact information. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on _____ (Date) at _____ (City and State)

Applicant's Signature: _____ Print Name: _____

**In the District Court of Washington
For Spokane County**

Petitioner/Plaintiff,
vs.

Respondent/Defendant.

No. _____

**Order Re Waiver of Civil Filing Fees
and Surcharges**

Granted (ORPRFP)

Denied (ORDYMT)

Clerk's Action Required 3.1

I. Basis

The court received the motion to waive filing fees and surcharges filed by or on behalf of the
 Petitioner/Plaintiff Respondent/Defendant.

II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- 2.1 The moving party is indigent based on the following: He or she:
- is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - has household income at or below 125% of the federal poverty guideline; and/or
 - has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
 - other: _____
- 2.2 The moving party has not provided sufficient information to support a finding of indigency.
- 2.3 Other: _____

III. Order

Based on the findings the court orders:

- 3.1 The motion is granted, and
- all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.
 - other: _____
- 3.2 The motion is denied.

Dated: _____

Judge/Commissioner