County Court District Court County, Colorado								
С	ourt Address:							
Ir	the Matter of the Pe	etition of:						
For a Change of Name to:					▲ COURT USE ONLY ▲			
Attorney or Party Without Attorney (Name and Address):					Case Number:			
	hone Number:	E-mail:			_			
F.	AX Number:	Atty. Reg. #:		Division	Courtroom			
		PETITION FOR CHANGE	OF NAME	E (ADULT	)			
1.	My current full name	e is						
	,	First Name	Middle	Name	Last Name			
2.	I wish to change my	name to						
	,	First Name	Middle	Name	Last Name			
3.	My date of birth is _							
4.	☐ I am 18 years of	age or older.						
5.	I am a resident of		(	County.				
6.	I have not been convicted of a felony or adjudicated a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law. My certified, fingerprint-based criminal history record check from the FBI is attached as Exhibit A and my certified, fingerprint-based criminal history record check from the CBI is attached as Exhibit B. Both are dated within 9 days of the filing of this Petition pursuant to §13-15-101(b), C.R.S.							
7.	I am requesting a na	me change for the following reason(	s):					
  8.	The proposed chang	e of name would be proper and not o	detrimental t	o the intere	st of any other person.			
9.	☐ I ask the Court to order publication of my name change request as required by § 13-15-102, C.R.S.							
	Or  Publication of my name change request is not required for the following reason(s):							
_								
		I am acknowledging I am filling in the I am acknowledging that I have mad						

## **VERIFICATION AND ACKNOWLEDGEMENT**

Signed and sworn to before me by			n the County of					
, State of	, this	, day of	, 20					
My Commission Expires:								
,	Deputy Clerk/Notary Public							