



The following form is designed to help us with your name change.

Your answers will help determine whether we can assist with your case, and if we can, it will help reduce attorney fees by limiting the number of questions we need to ask in person. It is very important that you answer this worksheet **HONESTLY**, **ACCURATELY**, and **COMPLETELY**.

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NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT MAY CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL, AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

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Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

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EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Prospective Client Information

I am seeking a NAME CHANGE for a(n):

ADULT CHILD

How did you learn about the Hunt Law Firm, P.L.L.C.?

Current FULL NAME

New FULL NAME

Date of Birth

Place of Birth

Gender

Social Security Number

Texas Driver License or State ID
Number

Race (for BVS)

Street Address

City

County

State

ZIP

Email

Phone Number

What is the REASON for the name change?

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Have you already had a legible and complete set of the applicant's fingerprints created on a fingerprint card with a format acceptable to the Department of Public Safety and the Federal Bureau of Investigation? (ADULT name changes only)

YES

NO

N/A (this is a child name change)

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Have you had any other driver's licenses issued in the past ten (10) years?

If YES, please provide the driver's license numbers.

YES

NO

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Have you ever been convicted of a felony?

If YES, please provide the charge, date charged, etc.

YES

NO

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Have you ever been charged with an offense above a Class C Misdemeanor?

If YES, please provide the charge, date charged, etc.

YES NO

If YES, please provide the case number and court if a warrant was issued or a charging instrument was filed or presented.

If YES, please provide any assigned FBI number, state identification number, if known, or any other reference number in a criminal history record system that identifies you.

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Are you subject to the sex offender registry requirements under Chapter 62 of the Texas Code of Criminal Procedure?

YES NO

If YES, have you (1) received a pardon OR (2) received a certificate of discharge by TDCJ or completed a period of community supervision or juvenile probation ordered by a court and not less than two years have passed from the date of the receipt of discharge or completion of community supervision or juvenile probation?

YES NO

If YES, have you notified the appropriate local law enforcement authority of the proposed name change AND can you provide proof?

YES NO

II. Information for CHILD Name Change Only

Has a suit ever been filed in family or juvenile court regarding the possession and access of this child?

If YES, please provide the court, judge, cause number, etc. (if known)

YES NO

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Does the child agree with the name change? (especially important if child is age 10 or over)

YES NO N/A (too young)

Who will be responsible for paying the child's legal fees?

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Provide information for every PARENT, LEGAL GUARDIAN, and MANAGING CONSERVATOR of the child.

First Name

Middle Name

Last Name

Relationship to the Child

Date of Birth

Race (for BVS)

Social Security Number

Texas Driver License or State ID Number

Street Address

City

State

ZIP

Email

Phone Number

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First Name

Middle Name

Last Name

Relationship to the Child

Date of Birth

Race (for BVS)

Social Security Number

Texas Driver License or State ID Number

Street Address

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First Name

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