



## SPOKANE COUNTY SUPERIOR COURT SEALED ADULT NAME CHANGE INSTRUCTIONS

**FILING FEE: \$260.00** (*must be paid to the County Clerk's Office at the time of filing by cash, check, debit or credit – a service fee of 3.5% will be required.*)

**PRINT OR TYPE THE PETITION LEGIBLY.** Forms can be found on the Superior Court website:  
<https://www.spokanecounty.org/1409/Family-Court-Forms>

### **YOU MUST FILE IN SUPERIOR COURT IF:**

- You wish to have the name change sealed due to a reasonable fear of domestic violence, stalking, unlawful harassment or coercive control.
- You wish to have the name change sealed due to gender expression or identity.

### **SEALED NAME CHANGE**

Name change petitions filed in Spokane Superior Court pursuant to RCW 4.24.130(5) shall be sealed if the request is made by an emancipated minor, by a person that has received asylum, is a refugee, or special immigrant juvenile status, being requested due to a reasonable fear of domestic violence, stalking, unlawful harassment, coercive control or related to gender expression or identity as defined in RCW 49.60.040.

The following forms are required for a Sealed Adult Name Change:

- Petition for Sealed Name Change
- Order for Sealed Name Change

### **PRESENTING THE PETITION AND ORDER TO THE COURT**

You need to bring the completed petition and order to the Ex Parte Department, Courtroom 202.

### **PLEASE NOTE**

- You will need to bring photo identification to Court with you.
- The Ex Parte Department is open M/W/F from 9:00 a.m. to noon and 1:30 to 4:00 p.m. and Tue/Thur from 1:30 – 4:00 p.m.
- The Court will not provide copies for you. If you wish to have copies of your own, make your copies before the Court Commissioner signs them. The Clerk's Office will charge you for certified copies - \$5.00 for the first page and \$1.00 for each page thereafter.

### **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.

IN THE SPOKANE COUNTY SUPERIOR COURT  
OF THE STATE OF WASHINGTON

In the Matter of the Petition for Change of name of:

\_\_\_\_\_  
(Current Full Legal Name)

NO. \_\_\_\_\_

PETITION FOR **SEALED** ADULT  
NAME CHANGE

COMES NOW the Petitioner \_\_\_\_\_ [full legal name], requests an order sealing the name change to \_\_\_\_\_ [full new name], pursuant to RCW 4.24.130. I make the following statements under penalty of perjury.

1. My current legal name is \_\_\_\_\_.
2. I am applying for a court order which will seal and change my current name to:  
\_\_\_\_\_.
3. I am currently a Washington State resident.
4. I am required to register as a sex offender.  Yes  No  
[It is a crime for Petitioner to fail to provide 5 days' notice to the Spokane County Sheriff and Washington State Patrol of this proposed change of name. RCW 4.24.130(3), 9A.44.130(7); 9A.44.130(1).]
5. I am an offender under the jurisdiction of the Department of Corrections.  Yes  No  
[Failure to provide required notice to DOC is a crime, RCW 4.24.130.]
6. This petition is not made to avoid creditors or for any illegal or fraudulent purpose.
7. Have you ever had a name change prior to this petition?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I have had an experience of or have reasonable fear for my safety due to domestic violence, stalking, unlawful harassment, or coercive control as those terms are defined in RCW 7.105.010.  
 Yes  No

9. The name change is being requested is related to gender expression or identity as defined in RCW 49.60.040.  Yes  No

WHEREFORE, Petitioner requests that an order granting name be changed as follows and that the file be sealed:

**CURRENT NAME**

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

**REQUESTED NEW NAME**

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

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

Signed at \_\_\_\_\_ [City and State], on \_\_\_\_\_ [Date].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

IN THE SPOKANE COUNTY SUPERIOR COURT  
OF THE STATE OF WASHINGTON

In the Matter of the Petition for Change of name of:

NO. \_\_\_\_\_

\_\_\_\_\_  
(Current Full Legal Name)

ORDER FOR **SEALED** ADULT NAME  
CHANGE

**I. BASIS**

The Petitioner made a Motion for Sealed Adult Name Change, pursuant to RCW 4.24.130.

**II. FINDINGS**

The Court has considered the Petition, any supporting documents and any oral testimony.

The Court finds good cause to approve this Order.

Other findings (if any): \_\_\_\_\_

**III. ORDER**

IT IS ORDERED that the Petition for Sealed Adult Name Change is:

Granted

Denied

The name of the Petitioner \_\_\_\_\_ is hereby changed to \_\_\_\_\_

\_\_\_\_\_

and this file shall be sealed.

Dated: \_\_\_\_\_

\_\_\_\_\_  
JUDGE / COURT COMMISSIONER