

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LANE

In the Matter of the Name Change of: _____) Case No.: _____
)
)

) Affidavit in Support of Petition for
Petitioner (*PRINT Present Name*)) Name Change Sex Change
From the Above Name To:) ORS 33.410, 33.460
)

)
(*PRINT Proposed New Name*)

I, _____, Petitioner, being first duly sworn, say the following is true:

1. I have not been convicted of a crime.
OR
 I **have** been convicted of the following crime(s):

<u>Name of Court</u>	<u>State</u>	<u>Date</u>	<u>Conviction/Result</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. I am not required to register as a sex offender.
OR
 I **am** required to register as a sex offender.

3. I do not know of any domestic violence, restraining order, stalking order, or criminal proceedings pending or in effect against me in Oregon or in any other state.
OR
 I **do** know of the following proceeding(s) either pending or in effect:

<u>Name of Court</u>	<u>State</u>	<u>Date Issued</u>	<u>Type of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. I do not have a current obligation to pay child support or support arrearages.
OR
 I **do** have an obligation to pay child support or support arrearages.

5. I have not used other names.
OR
 I **have** used the following former or other names:

6. I am a United States citizen.
OR
 I am **not** a United States citizen and I am am **not** a permanent resident legal alien.

The following section applies to sex changes cases *only*:

7. I understand at the hearing I will need to present adequate evidence from a qualified health care provider that is in compliance with ORS 33.460(1).

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I chose this form for myself and completed it without paid help.
 A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
 I paid (or will pay) money to _____ for help choosing, completing, or reviewing this form.

Dated this _____ day of _____, 20 _____.

Petitioner's Signature

Print Name

Address or Contact Address

City, State, Zip Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20_____
By_____.

Notary Public for _____/Court Clerk

Commission Expires: _____