

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 of Minor)

SUMMONS

To the Non-Petitioning Party

1. The Petitioner has started an action in the above court requesting a change of name for the above-named minor child.
2. You must respond to this summons and petition by serving a copy of your written response on the person signing this summons and by filing the original with the clerk of the court. If you do not serve your written response within 20 days (or 30 days if you are served outside of the State of Washington, or by publication) after the date this summons was served on you, exclusive of the day of service, the court may enter an order of default against you, and the court may, without further notice to you, enter an order for change of name. If you serve a notice of appearance on the undersigned person, you are entitled to notice before an order of default or an order for change of name may be entered.
3. If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your written response, if any, may be served on time.

This summons is issued pursuant to Superior Court Civil Rule 4.1 of the State of Washington.

Dated: _____

Signature of Lawyer or Petitioner

Print or Type Name

FILE ORIGINAL OF YOUR RESPONSE
WITH THE CLERK OF THE COURT AT:

SERVE A COPY OF YOUR RESPONSE ON:

☐ Petitioner (You may list an address that is
not your residential address where you agree to
accept legal documents.)

☐ Petitioner's Lawyer

Spokane Superior Court – Clerk's Office

Name of Court

Name

1116 W. Broadway, Room 300

Address

Address

Spokane, WA 99260

IN THE SPOKANE COUNTY SUPERIOR COURT
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In the Matter of the Petition for Change of name of:

NO. _____

(Current Full Legal Name of Minor)

PETITION FOR **SEALED** CHANGE OF
NAME OF A MINOR CHILD

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, requests an order granting the change of a minor child's name and that the file be sealed; and states the following:

1. I am the Petitioner and the ☐ Mother ☐ Father ☐ Legal Guardian of the Minor Child and I have the legal authority to submit this petition.
2. The Minor Child was born on _____ (date), and is _____ years old.
3. The Minor Child is currently a Washington State resident.
4. The Minor Child is required to register as a sex offender. ☐ Yes ☐ No
[If Minor Child is required to register as a sex offender, 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 Minor Child's name. RCW 4.24.130(3), 9A.44.130(7); 9A.44.130(1).]
5. The Minor Child is 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(2).]
6. This petition is not made to avoid creditors or for any illegal or fraudulent purpose.
7. Has the Minor Child ever had a name change prior to this petition? ☐ Yes ☐ No
If yes, please explain: _____

8. Any child named in this petition who is age 14 or older joins in the petition and has signed the petition.
9. 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 7.05.010.
☐ Yes ☐ No
10. The name change being requested is related to gender expression or identity as defined in RCW 49.60.040. ☐ Yes ☐ No

WHEREFORE, Petitioner requests that the Minor Child's 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

☐ Joinder

The non-petitioning party _____ joins in the petition and consents to the request for change of name. By joining in the petition, he/she agrees to the entry of an order granting the petition without further notice.

Dated: _____

Signature

Print or Type Name

☐ Consent

The minor child _____ being fourteen years of age or older, voluntarily consents to the change of name requested in the petition as set forth above.

Dated: _____

Signature of Minor Child

Print or Type Name

IN THE SPOKANE COUNTY SUPERIOR COURT
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NO. _____

(Current Full Legal Name of Minor)

NOTICE OF HEARING
(PETITION FOR **SEALED** CHANGE OF
NAME OF A MINOR CHILD)

TO:

1. It has been requested that this matter be scheduled for hearing.
2. A hearing date has been set:

On: _____ [Date] _____ [Time] a.m./p.m.

At: **SPOKANE COUNTY SUPERIOR COURT, 1116 W BROADWAY, SPOKANE,
WA 99260**

Courtroom/Department: **Rm #202 – ExParte Dept.**

3. The purpose of the hearing is to determine whether the relief requested in the Petition for Change of Name of a minor child should be granted.
4. If you believe that granting the petition would not be in the child's best interest you may file a response to this petition and appear and show cause at the time of the hearing.

Dated: _____

Court Commissioner/Judge

Presented by:

Print or Type Name

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RETURN OF SERVICE
(OPTIONAL USE)

(RTS)

I DECLARE:

1. I am over the age of 18 years, and I am not a party to this action.
2. I served _____ [Name] with the following documents:
 - ☐ a copy of the summons in this action.
 - ☐ a copy of a petition in this action.
 - ☐ a copy of the notice of hearing.
 - ☐ other:
3. The date, time and place of service were

Date: _____

Time: _____ a.m./p.m.

Address: _____

4. Service was made pursuant to Civil Rule 4(d)

- ☐ by delivery to the person named in paragraph 2 above.
☐ by delivery to _____ [Name], a person of suitable age and discretion residing at the respondent's usual abode.
☐ by publication as provided in RCW 4.28.100. (A copy of the summons is attached.)

5. Other:

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

Fees:

Service	_____
Mileage	_____
Total	_____