Name Change - Adult (NC)



Step 0: Register for MiFile



Step 1: Complete Paperwork — Packet 1



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MiFILE Instructions

What is MiFILE?

MiFILE is a secure website you can use to file court documents. You will use MiFILE instead of going to the clerk's office or mailing your papers. For more information on MiFILE, you may visit https://www.courts.michigan.gov/49d681/siteassets/mifile/mifile-quick-reference-guide2.pdf

Why do I need to know about MiFILE?

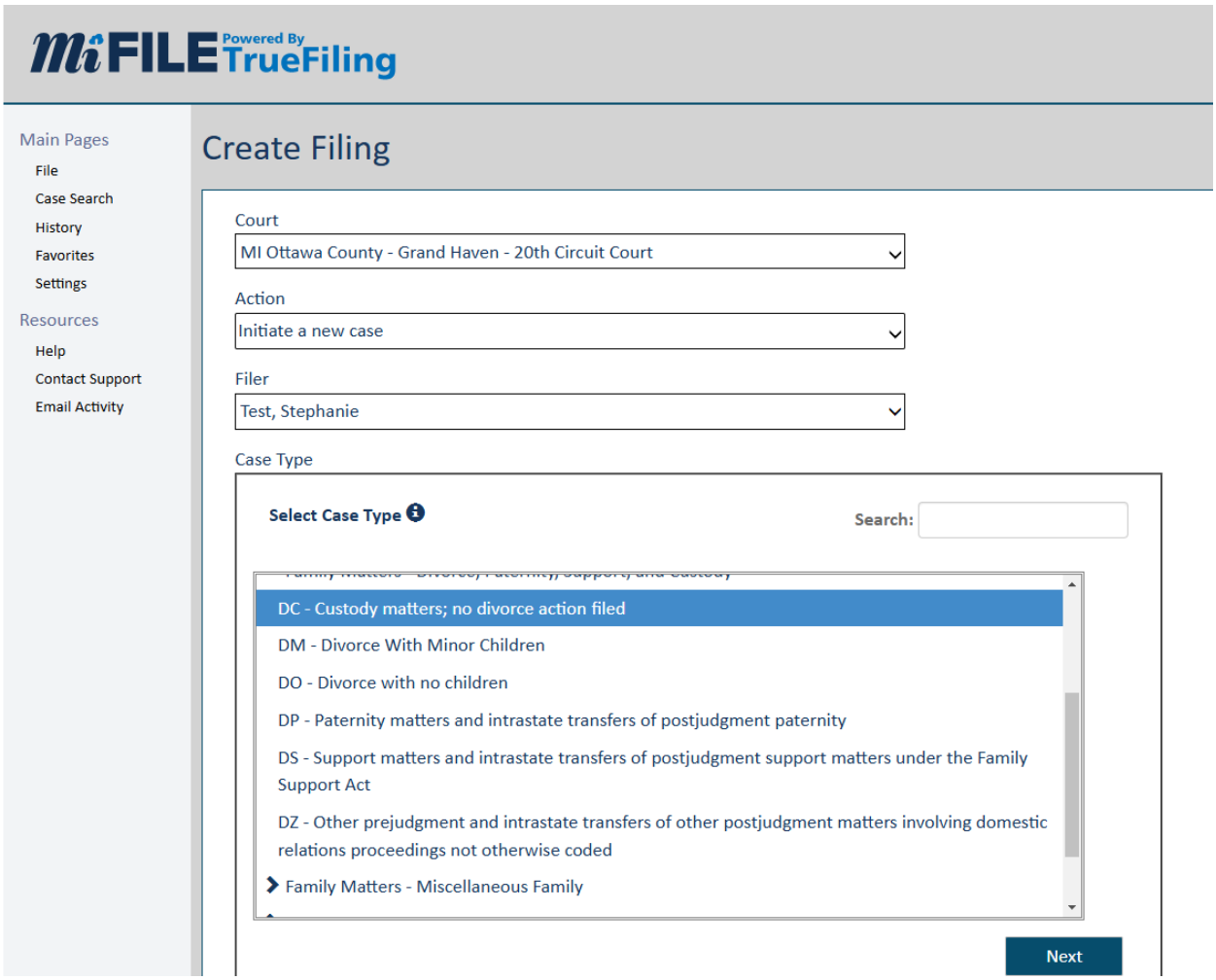
As of December 1, 2018, you are required to use MiFILE to file court documents in the 20th Circuit Court (Ottawa County) for certain case types. Beginning December 16, 2024, you are required to use MiFILE to initiate a case. If you received this document, your case type is included in this mandate.

What do I need to do?

1. **Create an account.** Go to https://mifile.courts.michigan.gov and create and account. There is no fee to create an account. You will need the following information:
    a. Email address
    b. First name
    c. Last name
    d. Address
    e. City
    f. State
    g. Zip code
    h. Password (must be at least 8 characters (max 20) and include at least 1 capital letter, 1 lower case letter, 1 number and a symbol.)

2. **Confirm your email.** After you create an account, you will receive an email asking you to confirm your account. Follow the directions in the email.

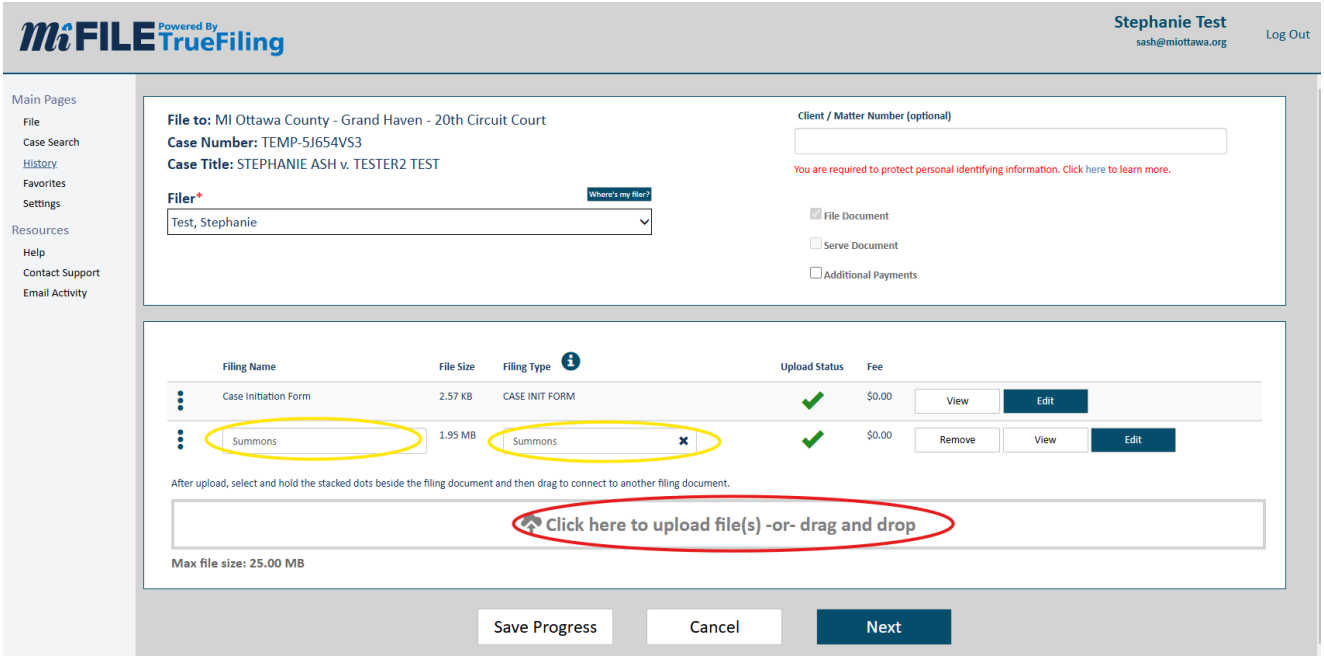
3. **Log In.** Once you log into MiFILE, there is a menu on the left. Click on "File". You will see a drop-down title "Court". Choose "Ottawa County Trial Courts" and "Ottawa County – 20th Circuit Court". Under "Action", choose "Initiate a New Case". You will then see your name in the "Filer" drop-down. Under "Case Type", choose the type of case you are starting (Miscellaneous Family)



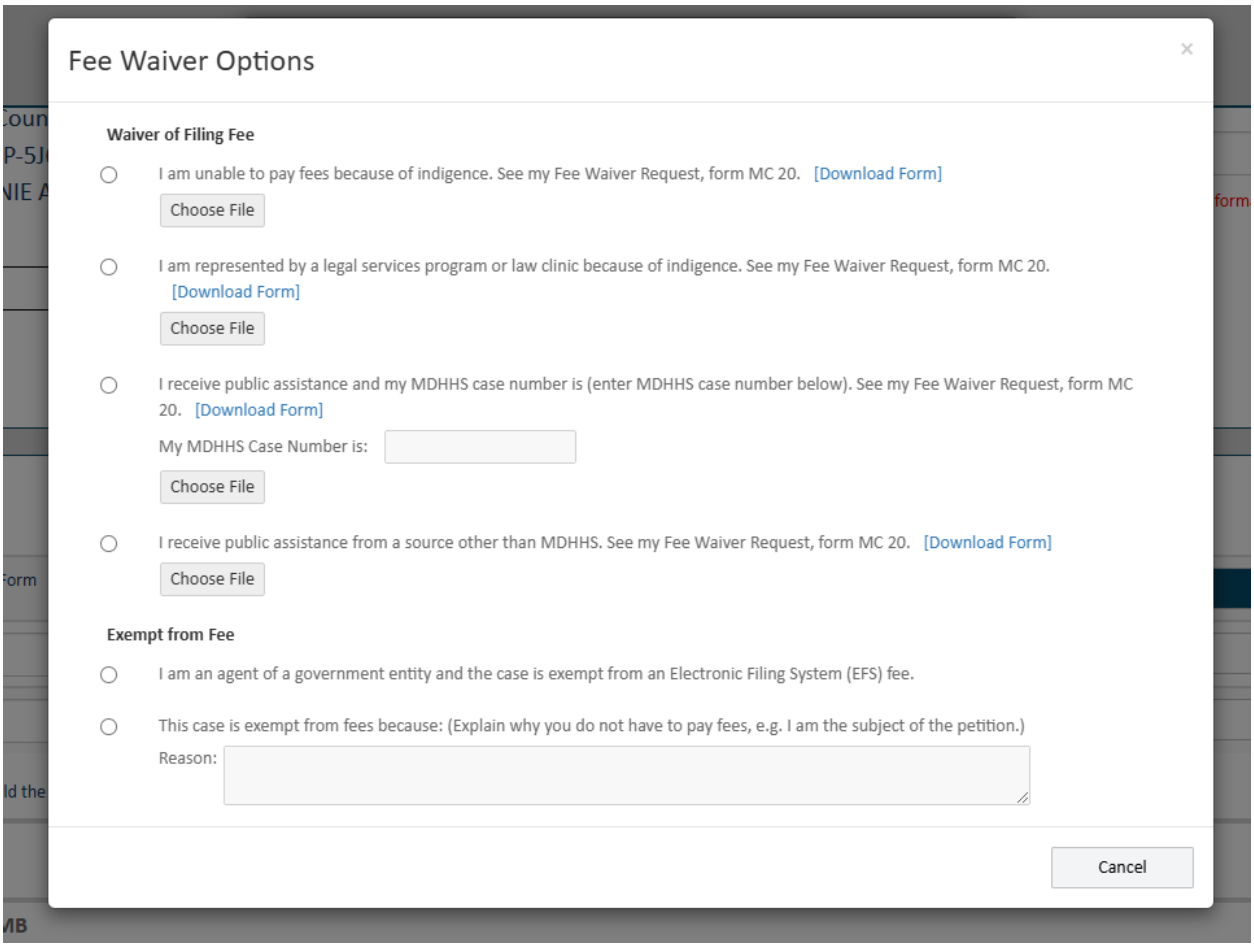
4. **Party Details.** This will populate a screen to fill in your information and the information on the other party:
    a. Last name, first name
    b. Address
    c. City
    d. State
    e. Zip
    f. Phone
    g. Email

5. **Related Domestic Actions.** This is asking if there are any other cases between yourself and the other party. If there are other cases between you and the other party, you will need to complete and file the “confidential case inventory” (MC 21).

6. **Filing to the Case.** Under “Filer”, click on the drop-down and choose yourself. You will now upload the documents to your case. Please note, you **must** file each of the documents separately. Under “Select or Type Filing Type”, if the name of the document is not listed, choose “Other”:
   Required Forms:
   a. Petition for a Name Change
   b. Addendum to Protected Personal Identifying Info
   Required if Applicable:
   c. Confidential Case Inventory
   Optional Form:
   d. Request for Interpreter



7. **Payment.** Once all filings have been added to your account, choose next. This will take you to the payments section. To pay be credit/debit card, choose “Add Payment Account”.
   a. **Fee Waiver.** If you are requesting the filing fee be waived, you may choose “Request Fee Waiver” on this screen. You will then be prompted to upload the fee waiver form.



Need Help?

If you need help with e-filing, written and video instruction is available at the Clerk/Register's office on the garden level of the Family Justice Center during normal business hours. PLEASE NOTE: Clerks are not legal staff and therefore can not file paperwork through e-filing on your behalf, if filing assistance is required, please seek legal advice from a licensed attorney. Normal business hours are Monday through Friday 8:00 am – 5:00 pm. Please note, the Clerk's office opens at 9:30 am (instead of 8:00 am) on the second Thursday of the month.

If you have questions about using MiFile, please contact support@truefiling.com or call **(855) 959-8868**.

Instructions – Adult Name Change (NC)

Packet 1

Step 1: Complete Paperwork

Check the boxes below as you complete each form.

Required:

☐ Petition for Name Change (PC 51)

In Section 1, indicate any previous court case such as support, divorce, paternity, name change, adoption, abuse/neglect, etc.

Skip Section 10 as it does not apply to you as an adult

☐ Addendum to Protected Personal Identifying Information (MC 97a)

The petition is designed to omit personal identifying information, such as dates of birth. Please do not include that information on the petition. Use this form to provide the Court with this information.

Optional:

☐ Fee Waiver Request (MC 20)

☐ Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record (PC 51c) – Not Included

Step 2: File Paperwork

The filing fee is $175 and is ***non-refundable*** if your petition is denied, dismissed, or withdrawn for any reason. You may pay by credit card (Mastercard, Visa, or Discover). The filing fee must be submitted with the petition.

You may request a waiver of the filing fee by completing the fee waiver form included in this packet. Your request must be approved by either the Clerk's Office or the Judge according to state law. If your fee waiver is denied, you will be notified and permitted to either pay the filing fee or elect not to proceed with the case.

You may file the petition (PC 51) and Addendum to Protected Personal Identifying Information (MC 97a) by using MiFile. The documents must be filed separately. There are kiosks to file located at: 12240 Fillmore Street, West Olive, MI 49460.

Office hours are 8:00 am – 5:00 pm Monday through Friday (except county observed holidays-see county website at www.miottawa.org)

For help filling out this form, go to michiganlegalhelp.org

PCS Code: NAM
TCS Code: PNC

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION OTTAWA COUNTY	PETITION FOR NAME CHANGE	CASE NO. and JUDGE

Court address
12240 Fillmore St, West Olive MI 49460

Court telephone no.
616-786-4108

A. You must complete form *PC 51* **or** *PC 51c* to begin a name change proceeding. Use this form (*PC 51)* unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use form *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record* to ask the court for permission not to publish a notice about the name change and to keep the record confidential.

B. Unless you have received permission not to publish, the law requires that notice of hearing about the petition be published in a newspaper. You must file a completed *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*, with the court. Contact the court clerk for information about when PC 50 must be submitted.

In the matter of _____
Current first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.

☐ 1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has been previously filed in _____ Court, Case Number _____ , was assigned to Judge _____ , and ☐ remains ☐ is no longer pending.

2. Each person for whom a name change is sought has been a resident of the county for at least one year.

☐ 3. The name change is for

☐ a. a married person who wishes to also include a name change for their ☐ spouse. ☐ minor child(ren) of whom the petitioner has legal custody.

☐ b. an adult only.

☐ c. a minor only.

☐ 4. The petition includes a request to change a minor's name. The minor's natural or adopted parents are

_____ ☐ Deceased and _____ ☐ Deceased.
Parent Parent

As applicable, the guardian of the minor is _____ and/or the guardian of a
Name

mentally incompetent parent is _____. (Attach letters of guardianship.)
Name

☐ 5. As to a minor, one or more of the following is the petitioner or consents to the name change: (Check all that apply.)

☐ the parents, jointly. ☐ the sole surviving parent. ☐ the only available parent if that parent has legal custody. ☐ the guardian of the minor. ☐ the guardian of a parent declared mentally incompetent.

6. The name change is for the following reason: _____

7. The name change is not sought for any fraudulent intent.

8. The petitioner ☐ has ☐ does not have a criminal record, including pending charges. Specify any record:

(Add sheets if needed.) _____

☐ 9. ☐ a. The petitioner's spouse and/or minor child(ren) has/have no known criminal record, including pending charges.

☐ b. The known criminal record(s) of the petitioner's spouse and/or minor child(ren) is/are: (Add sheets if needed.)

_____

Note: Skip item 10 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

☐ 10. The custodial parent of the/each minor consents to the name change of the minor(s).

- ☐ a. The noncustodial parent has had the ability to visit, contact, or communicate with the minor(s) and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
  - ☐ a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
  - ☐ a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the minor(s), has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
- ☐ b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the minor(s) or a sibling of the minor(s) was the victim. (Attach judgment of sentence.)
- ☐ c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)

11. I request the following name change(s): (Type or print.)

	FROM (current name)	**TO** (proposed name)	**DATE OF BIRTH**
Petitioner	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Spouse	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

Note: If you want a new live birth certificate, check item 12. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

☐ 12. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name(s) of _____ at birth and to seal the original certificate.
Name(s)

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____
Date

_____
Petitioner's signature

_____
Petitioner's attorney signature

Case No. _____

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

CONSENT BY SPOUSE OF PETITIONER

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

CONSENT BY MINOR

If 14 years old or older, a minor must give written consent to their name change. (Form PC 51b may also be used.)

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

CONSENT BY MINOR

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

JIS Code: API

STATE OF MICHIGAN JUDICIAL DISTRICT 20th JUDICIAL CIRCUIT Ottawa COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone number: 616-786-4108

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name

In the matter of _____

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

_____
Printed name of individual completing form and date

Ref. No.	**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security Number XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

JIS Code: OSF

STATE OF MICHIGAN JUDICIAL DISTRICT 20TH JUDICIAL CIRCUIT OTTAWA COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE HON.

Court address
12240 FILLMORE STREET, WEST OLIVE, MI 49460

Court telephone no.
616-786-4108

Plaintiff/Petitioner's name, address, and telephone no.		Defendant/Respondent's name, address, and telephone no.
	V	
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

Instructions: Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I, _____, request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)
Print or type your name

☐ 1. I receive the following type(s) of public assistance because of indigence:
- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
- ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
- ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
- ☐ Women, Infants, and Children benefits (WIC)
- ☐ Supplemental Security Income through the federal government (SSI)
- ☐ Other means-tested public assistance: _____

My public assistance case number(s) (if any) is _____.
Write "none" if no case number. Do not write your Social Security Number

☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is

_____.

☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.

My gross household income is $ _____ every _____.
Week/Two weeks/Month/Year

The number of people in my household is _____.

My source of income is _____.

List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____
Date Signature

Distribute form to:
Court
Applicant
Other parties
Friend of the court (when applicable)

SRA

Case No. _____

CLERK WAIVER

1. Payment of filing fees is waived.

_____
Signature of court clerk and date

ORDER

IT IS ORDERED:

☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
- ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
- ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you
- ☐ b. Other:

_____
Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

_____
Issue date (completed by clerk)

Instructions – Adult Name Change (NC)

Packet 2

Step 4: After Filing Your Petition

The Clerk's Office will mail the following to you after we open your case:

A copy of your filed petition
Your case/file number
The assigned Judge
Phone number to call to schedule your hearing

Once you get this information by mail, you **must** call the Judicial Clerk for your assigned Judge to schedule your hearing (please refer to the document mailed for the Judicial Clerk's phone number).

Step 5: Publish Notice in the Newspaper

After receiving a hearing date, complete the **Publication of Notice of Hearing Regarding Petition for Name Change** (PC 50) form and arrange for it to be published in a newspaper of your choosing, according to the below requirements:

The newspaper must circulate in Ottawa County;
The publication must run one time;
The publication must occur ***at least 14 days prior to*** your scheduled hearing date. You must call the Clerk's Office to reschedule your hearing if you miss the deadline;
The newspaper must provide the court with an ***Affidavit of Publication***, which is a notarized document showing what was published and when.

*If you have a *fee waiver,* contact 616-786-4108 to have the paperwork published in the newspaper.*

You may file your Publication of Notice of Hearing for Name Change with the Court.

PCS Code: PBN
TCS Code: PBNC

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT - FAMILY DIVISION OTTAWA COUNTY	PUBLICATION OF NOTICE OF HEARING REGARDING PETITION FOR NAME CHANGE	CASE NO. and JUDGE

Court address
12240 Fillmore St., West Olive MI 49460

Court telephone no.
616-786-4108

Use note: Use this form for the required publication of notice of hearing **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*. For publication of notice regarding the deadline for filing a motion to intervene, use form *PC 50d, Publication of Notice of Proceeding for Name Change.*

In the matter of _____
Current first, middle, and last name(s) (type or print)

Publish only the information contained in the box below.

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: _____ has filed a petition for name change.
Petitioner's name

A name change hearing will be held on _____
Date and time

at _____
Location

before Judge _____ to change the name of:

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

Publish _____ time(s) in _____ in _____ County.
Name of publication

Furnish _____ copies to _____ .

Furnish affidavit of publication to the ☐ court. ☐ petitioner.

☐ Forward statement for publication charges to* _____ .

*If the court has waived fees under MCR 2.002, it must pay the cost of any ordered publication, including any affidavit fee charged by the publisher or the publisher's agent.

Note: Case records reflecting court payment of publication costs are nonpublic.

Instructions – Adult Name Change (NC)

Packet 4

Step 6: After You Publish in the Newspaper

Approximately one week prior to your schedule hearing, call the Clerk's Office to make sure that we have received the Affidavit of Publication from the newspaper.

If the clerk has not received an Affidavit from the newspaper, you will need to contact them and have them send one, or you may MiFile your Affidavit if they sent you one.

Step 7: At and After the Hearing

Hearings may be held at the Family Justice Center in West Olive or the Grand Haven Courthouse, depending on who the assigned Judge is, and will be either in person, or by Zoom at the Court's discretion. Ask the scheduling Clerk how hearings are being held when you call to set yours.

The Order is in two parts to comply with the Michigan's law regarding Personal Identifying Information.

Part 1: this includes identifying information and will be provided to you after the hearing for a certified copy fee of $12 (for hand-sealed paper copy) or $10 (for electronically certified, emailed copy).

Part 2: this redacts the identifying information and will be retained for the Court record.

Step 8: How to Obtain a Birth Certificate After Your Hearing

You are responsible for contacting vital records in Lansing, MI (if you were born in Michigan) for them to create a new birth certificate in your new name.

State of Michigan
Department of Public Health
3423 N. Logan St.
PO Box 30195
Lansing, MI 48909
517-335-8656 or 517-335-8666

You will need to inquire with that office as to the current fee for a birth certificate and pay the required fee to them for the creation of a new birth certificate.

Vital Records creates a new birth certificate in two ways:

If item #12 ***is*** filled out on your order that the Judge signs, vital records will create a new birth certificate and will seal the original birth certificate.

If item #12 ***is not*** filled out, they will leave the original birth certificate in its original form and create an addendum to it that indicates a new name.

If you were not born in Michigan, you must:

Call the agency responsible for creating the birth records for the applicable state.

Inquire as to their process for creating a new birth record.