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| **SUPREME COURT OF THE STATE OF NEW YORK**  **COUNTY OF COUNTY** |  |  |
| In the Matter of the Application of |  | **Index No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OLDFIRST OLDMIDDLE OLDLAST**  **a/k/a ALIAS1**  **a/k/a ALIAS2**  For Leave to Assume the Name of  **NEWFIRST NEWMIDDLE NEWLAST** |  | **PETITION FOR INDIVIDUAL ADULT CHANGE OF NAME** |

**TO THE SUPREME COURT OF THE STATE OF NEW YORK:**

1. OLDFIRST OLDMIDDLE OLDLAST respectfully shows to this Court the following:
   1. My present address is STREET, TOWN, NY, ZIP, in the County of COUNTY.
   2. I was born on BIRTHDATE, in CITY, STATE, and I am now ## years of age. A copy of my CERTIFICATE OF BIRTH [USE WHATEVER THE DOCUMENT IS ACTUALLY NAMED], issued by the ISSUING AGENCY, number #######, is annexed hereto as **Exhibit A**.A copy of my New York State driver’s license [OR OTHER PHOTO ID] is annexed hereto as **Exhibit B**.
   3. My present name is OLDFIRST OLDMIDDLE OLDLAST.
   4. I wish to change my name to NEWFIRST NEWMIDDLE NEWLAST.
   5. I have never been convicted of a crime. [OR DETAILS]
   6. I am not currently confined as an inmate in a correctional facility or currently under the supervision of the State Division of Parole, or a County Probation Department as a result for a conviction for a violent felony offense or other felony as specified in Civil Rights Law. [REMOVE THIS PARAGRAPH IF NO CONVICTIONS]
   7. I have never declared bankruptcy. [OR DETAILS]
   8. There are no judgments or liens against me. [OR DETAILS]
   9. I am single and have never been married. [OR DETAILS]
   10. I am not responsible for spousal support. [OR DETAILS]
   11. I do not have any children or support obligations to a child or children. [OR DETAILS]
   12. I am not a party to any legal action, lawsuit, or legal proceeding. [OR DETAILS]
   13. I wish to change my name for the following reason(s):

I am transgender and would like the name on my identity documents to match my identity and appearance. [OR INSERT WHAT YOU ARE COMFORTABLE WITH – JUST SAYING SOMETHING LIKE, “NEWNAME IS THE NAME I USE IN EVERYDAY LIFE AND I WOULD LIKE MY DOCUMENTS TO REFLECT THAT” IS FINE IF YOU DO NOT WANT TO OUT YOURSELF]

* 1. I respectfully request that the publication provisions of Civil Rights Law §§ 63-64 be waived and rendered inapplicable and that the records of this name change be sealed pursuant to Civil Rights Law §64-a. I am afraid that publication of the name change would jeopardize my personal safety. << Matter.CustomField.PublicationWaiverReason >> Publication would publicize my transgender status to the general public and violence against transgender people permeates our society. The legislature recognized this threat and amended Civil Rights Law §64-a in 2015 to support the holding in *In re E.P.L.,* 26 Misc 3d 336 (N.Y. Sup. Ct., Westchester County 2009), which waived publication requirements and sealed the records for a transgender individual without a particularized history of violence or crime against him, finding that “there exist numerous documented instances of those targeted for violence based on their sexual orientation or gender identity,” *id.* at 338, and that the petitioner “has a right to feel threatened for his personal safety in the event his transgender status is made public,” *id.* at 339 (see Assembly Bill A02242 (enacted)). The amended Civil Rights Law §64-a specifically states that judges “shall not deny such waiver solely on the basis that the applicant lacks specific instances of or a personal history of threat to personal safety.” (N.Y. Civ. Rights Law § 64-a (amended 2015)). Sealing the records of my name change is important to protect my medical privacy and safety. As the court in *Powell v. Schriver* noted, “transsexualism is the unusual condition that is likely to provoke both an intense desire to preserve one's medical confidentiality, as well as hostility and intolerance from others. The excrutiatingly [sic] private and intimate nature of transsexualism, for persons who wish to preserve privacy in the matter, is really beyond debate.” 175 F.3d 107, 111 (2d Cir. 1999) (holding that disclosure of an inmate's transgender status by prison officials violated her constitutional right to privacy because “individuals who are transsexuals are among those who possess a constitutional right to maintain medical confidentiality”). The Supreme Court in Suffolk County has since affirmed in *Matter of J.A.L.*, 53 Misc. 3d 1220(A) (N.Y. Sup. Ct. 2016) that waiver based on the totality of the circumstances applies to transgender individuals even without a particular threat against them, as has the Supreme Court in Erie County in *Matter of M.M.H.,*135 N.Y.S.3d 807 (N.Y. Sup. Ct. 2020).
  2. I have not made a previous application to change my name in this or any other court. [OR DETAILS]
  3. Should the Court find this petition deficient in any aspect, I respectfully request leave to renew the application with additional information as the Court may require.

WHEREFORE, Petitioner respectfully asks for an order granting permission to assume the name NEWFIRST NEWMIDDLE NEWLAST.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OLDFIRST OLDMIDDLE OLDLAST

**VERIFICATION**

OLDFIRST OLDMIDDLE OLDLAST, being duly sworn, deposes and says: I am the petitioner in the above-captioned action. I have read the petition and know the contents to be true to my own knowledge, except to those matters alleged on information and belief and as to those matters I believe them to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
OLDFIRST OLDMIDDLE OLDLAST

Sworn to before me on the \_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

At Special Term Part \_\_\_\_ of the Supreme Court of the State of New York, held in and for the County of COUNTY, at COURT ADDRESS, NY on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Present: Hon.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SUPREME COURT OF THE STATE OF NEW YORK**  **COUNTY OF COUNTY** |  |  |
| In the Matter of the Application of |  | **Index No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OLDFIRST OLDMIDDLE OLDLAST**  **a/k/a ALIAS1**  **a/k/a ALIAS2**  For Leave to Assume the Name of  **NEWFIRST NEWMIDDLE NEWLAST** |  | **NAME CHANGE ORDER** |

Upon reading and filing of the petition of OLDFIRST OLDMIDDLE OLDLAST, verified DATE YOU SIGNED, praying for leave to change OLDFIRST OLDMIDDLE OLDLAST’s name to NEWFIRST NEWMIDDLE NEWLAST, in place of this present name, and the Court being satisfied by said petition that it is true and that there is no reasonable objection to the change of name proposed.

**NOW** on motion of OLDFIRST OLDMIDDLE OLDLAST, Petitioner, it is hereby

**ORDERED** that the Petitioner, OLDFIRST OLDMIDDLE OLDLAST, having been born on BIRTHDATE, in CITY, STATE, whose Certificate of Birth [USE WHAT THE DOCUMENT IS ACTUALLY CALLED], number ########, was issued by the ISSUING AGENCY, is hereby authorized to assume the name of NEWFIRST NEWMIDDLE NEWLAST in place of the present name, upon full compliance with this Order and the filing of the affidavit of publication hereinafter specified; and it is further

**ORDERED** that this Order and the petition upon which it was granted shall be filed within ten days from the date hereof in the office of the Clerk of the County of COUNTY; and it is further

**ORDERED** that:

A. ☐ **ORDERED** that Petitioner is exempted from the publication requirements of Civil Rights Law § 63 pursuant to Civil Rights Law § 64-a; and it is further

**ORDERED**, that after Petitioner has been issued initial certified copies of the name change order, in accordance with Civil Rights Law § 64-a(1), Court records of this name change be sealed including removal of petitioner’s name from any and all electronic indexes, to be opened only by order of the court for good cause shown or at the request of the Petitioner; and it is further

**-OR-**

B. ☐ **ORDERED** that this Order be entered and the papers on which it was granted be filed prior to the publication hereinafter directed in the office of the County Clerk of COUNTY County, and that notice of this Order be published within sixty (60) days after the making of this Order in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a newspaper published in the County of COUNTY, at least once, in substantially the following form as prescribed in Section 63 of the Civil Rights Law of the State of New York,

Notice is hereby given that an order entered by the Supreme Court, COUNTY County, on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, bearing Index Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a copy of which may be examined at the office of the clerk, located at CLERK’S ADDRESS, New York grants me the right to assume the name of NEWFIRST NEWMIDDLE NEWLAST. The city and state of my present address are CITY, NY; the month and year of my birth are MM/YYYY; the place of my birth is CITY, STATE; my present name is OLDFIRST OLDMIDDLE OLDLAST.

and an affidavit of such publication shall be filed in the COUNTY County Clerk’s Office within ninety (90) days after the making of this Order; and it is further

**ORDERED** that upon full compliance with the above provisions of this Order, the Petitioner shall be known by the name NEWFIRST NEWMIDDLE NEWLAST, which Petitioner is authorized to assume and by no other name.

ENTER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REQUEST FOR JUDICIAL INTERVENTION**  UCS-840 (7/2012)  **SUPREME COURT, COUNTY OF COUNTY**  **Index No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Index Issued:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | **For Court Clerk Use Only:** |
| IAS Entry Date |
|  |
| Judge Assigned |
|  |
| **CAPTION:** | Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet. | RJI Date |
|  |
| In the Matter of the Application of  OLDFIRST OLDMIDDLE OLDLAST a/k/a ALIAS1, a/k/a ALIAS2  For Leave to Assume the Name of  NEWFIRST NEWMIDDLE NEWLAST Plaintiff(s)/Petitioner(s) | |

– against –

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| Defendant(s) / Respondent(s) |

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| **NATURE OF ACTION OR PROCEEDING:** Check ONE box only and specify where indicated | | | | |
| **MATRIMONIAL** | | **COMMERCIAL** | | |
| 🞎 Contested  **NOTE:** For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**. For Uncontested Matrimonial actions, use RJI form UD-13. | | 🞎 Business Entity (including corporations, partnerships, LLCs, etc.)  🞎 Contract  🞎 Insurance (where insurer is a party, except arbitration)  🞎 UCC (including sales, negotiable instruments)  🞎 Other Commercial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **NOTE:** For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the **COMMERCIAL DIV RJI Addendum**. | | |
| **TORTS** | |
| 🞎 Asbestos  🞎 Breast Implant  🞎 Environmental: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  🞎 Medical, Dental, or Podiatric Malpractice  🞎 Motor Vehicle  🞎 Products Liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  🞎 Other Negligence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  🞎 Other Professional Malpractice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  🞎 Other Tort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | |
| **REAL PROPERTY:** How many properties does the application include? | | |
| 🞎 Condemnation  🞎 Mortgage Foreclosure (specify): 🞎 Residential 🞎 Commercial  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address City State Zip  **NOTE:** For Foreclosure actions involving a one-to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJI Addendum**.  🞎 Tax Certiorari – Section:\_\_\_\_\_\_\_ Block:\_\_\_\_\_\_\_ Lot:\_\_\_\_\_\_\_  🞎 Tax Foreclosure  🞎 Other Real Property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | | |
| **OTHER MATTERS** | | **SPECIAL PROCEEDINGS** | | |
| 🞎 Certificate of Incorporation/Dissolution [see **NOTE** under Commercial]  🞎 Emergency Medical Treatment  🞎 Habeas Corpus  🞎 Local Court Appeal  🞎 Mechanic’s Lien  🗷 Name Change  🞎 Pistol Permit Revocation Hearing  🞎 Sale or Finance of Religious/Not-for-Profit Property  🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | | 🞎 CPLR Article 75 (Arbitration) [see **NOTE** under Commercial]  🞎 CPLR Article 78 (Body or Officer)  🞎 Election Law  🞎 MHL Article 9.60 (Kendra’s Law)  🞎 MHL Article 10 (Sex Offender Confinement-Initial)  🞎 MHL Article 10 (Sex Offender Confinement-Review)  🞎 MHL Article 81 (Guardianship)  🞎 Other Mental Hygiene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  🞎 Other Special Proceeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | | |
| **STATUS OF ACTION OR PROCEEDING:** Answer YES or NO for EVERY question AND enter additional information where indicated | | | | |
|  | **YES** | | **NO** |  |
| Has a summons and complaint or summons with notice been filed? | 🞎 | | 🗷 | If yes, date filed: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Has a summons and complaint or summons with notice been served? | 🞎 | | 🗷 | If yes, date served: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Is this action/proceeding being filed post-judgment? | 🞎 | | 🗷 | If yes, judgment date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

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| **NATURE OF JUDICIAL INTERVENTION:** Check ONE box only AND enter additional information where indicated. |
| 🞎 Infants Compromise  🞎 Note of Issue and/or Certificate of Readiness  🞎 Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  🞎 Notice of Motion Relief Sought:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  🞎 Notice of Petition Relief Sought:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  🞎 Order to Show Cause Relief Sought:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  🗷 Other Ex Parte Application Relief Sought: name change order  🞎 Poor Person Application  🞎 Request for Preliminary Conference  🞎 Residential Mortgage Foreclosure Settlement Conference  🞎 Writ of Habeas Corpus  🞎 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **RELATED CASES:** | | | List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.  If additional space is required, complete and attach the **RJI Addendum**. If none, leave blank. | | | | | | | |
| **Case Title** | | | | **Index/Case No.** | | **Court** | **Judge (if assigned)** | **Relationship to Instant Case** | | |
|  | | | |  | |  |  |  | | |
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|  | | | |  | |  |  |  | | |
| **PARTIES:** | | If additional space is required, complete and attach the **RJI Addendum**.  For parties without an attorney, check “Un-Rep” box AND enter party address, phone number and e-mail address in “Attorneys” space. | | | | | | | | |
| Un-Rep | **Parties:** | | | | **Attorneys:** | | | | **Issue**  **Joined**  **(Y/N):** | **Insurance Carrier(s):** |
| List parties in caption order and  Indicate party role(s) (e.g. defendant; 3rd-party plaintiff). | | | | Provide name, firm name, business address, phone number and e-mail  address of all attorneys that have appeared in the case. | | | |
| X | Name:  OLDFIRST OLDMIDDLE OLDLAST  Role(s): Petitioner | | | |  | | | | □ YES  🗷 NO |  |
| □ | Name:  Role(s): | | | |  | | | | □ YES  □ NO |  |
| □ | Name:  Role(s): | | | |  | | | | □ YES  □ NO |  |
| □ | Name:  Role(s): | | | |  | | | | □ YES  □ NO |  |
| □ | Name:  Role(s) | | | |  | | | | □ YES  □ NO |  |

**I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE**

**ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL**

**INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING**.

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

**OLDFIRST OLDMIDDLE OLDLAST**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTORNEY REGISTRATION NUMBER**