

# Getting a Legal Name Change in Washington State

A guide for queer, trans, and gender nonconforming people



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## **Table of Contents**

### **Part 1: How do I legally change my name in Washington? (page 2)**

### **Part 2: Court-ordered Name Change (page 3)**

- 2.a: Cost (page 3)
- 2.b: Fee Waiver for Filing a Name Change Request (page 4)
- 2.c: Filing the Petition for Name Change & Presenting to a Judge (page 6)

### **Part 3: Changing your name/gender marker on other documents (page 9)**

- 3.a. Drivers License (page 9)
- 3.b. Birth Certificate (page 10)
- 3.c. Social Security Card (page 11)

### **Part 4: Other advice (page 13)**

- 4.a Common Q&A's from Queer Folks (page 13)
- 4.b Helpful Tips (page 14)

### **Part 5: Sample forms**

- 5.a Filing Fee Waiver packet
- 5.b Name change Petition and Order
- 5.c Department of Licensing "Change of Gender" Designation Form
- 5.d Social Security Card Application
- 5.e WA Birth Certificate Name Change Request Form

**The information contained in this packet does not constitute legal advice and should not be construed as such. It is as accurate as possible as of the date it was written, but may not be updated to reflect changes in law or procedure. Please contact an attorney if you require advice about your particular legal needs.**

## **Part 1: How do I legally change my name in Washington?**

In Washington State, anyone *over the age of 18* can get a name change as long as they are not trying to defraud someone (e.g. getting a name change in order to evade creditors or avoid child support obligations). Those *under the age of 18* can get a name change with a parent/guardian signature.

There are three ways to get a name change:

### **1. Marriage or divorce**

- a. If you want to change your name after marriage or divorce, it's your choice. It's not the law.

### **2. Court Order**

- a. This is how many queer, trans, or non-binary people legally change their names. We will discuss this at length below.

### **3. Common Law**

- a. Some people never get a formal recognition of their name change. A common law name change happens when you use a new name, all the time, for all purposes. A person using this method should prepare an affidavit (i.e. a statement signed under penalty of perjury) stating that they use the name at all times, for all purposes, and that you have not made the change for fraudulent purposes. While this method is free and requires no attorneys, it does not leave a solid paper trail in the way a court ordered name change will. This may result in a person being unable to obtain identity documents reflecting their name without first obtaining a court order. Also, this type of name change does not work for people convicted of a crime.

## Part 2: Court Ordered Name Change

A court ordered name change is when a judge approves your request to change your name. You can obtain this court order in any state – it does not have to be the state where you were born or previously resided.

**NOTE:** In Washington, if you are looking to change the gender marker on a document, you **do not** need to get another order from the court (i.e. if you want to change your documents to say “male” instead of “female”, for example). This can be handled directly through the Department of Licensing or whatever agency is responsible for updating the identification you would like to change.

When filling out any forms, make sure that you follow these basic rules:

1. All pages must be one-sided.
2. There must be at least 3 inches of blank space at the start of any document you are filing.
3. You should have at least one original and one copy of every document you submit to the court.

### 2.a. Cost

Getting legal documents changed can be rather expensive, and tends to add up. However, see section 2.b for information on requesting a waiver of fees to see if you are eligible for a fee waiver.

Document	Cost <sup>1</sup>
Court Order (King County)	\$83 Filing Fee \$10 Administrative Fee \$72 Recording Fee + \$1 for each additional page other than the first page \$5 Certified Copy (recommended for personal records) <b>TOTAL = \$170+</b> Payments may only be made in cash or by check by a party to the case (i.e. the person getting the name change). The check must be from a Washington State bank with your name and address imprinted on the check.

<sup>1</sup>These costs are periodically changed by the courts or other agencies and may have increased after the publication date of this guide. Be sure to check with the court or agency for any updates.

## **2.b. Fee Waiver for Filing a Name Change Request**

If your income is below a certain amount, you may qualify for a fee waiver for the petition to get a name change. If the court approves your fee waiver, you won't have to pay all the fees to file your name change.

If your fee waiver is granted, the court clerk may still require that you pay fees that go to other offices as a result of the name change order being signed, such as a county Recorder's Office (\$72 in King County). However, any fee that goes directly to the court should be waived based on financial need if the judge signs the fee waiver petition. If you are charged a fee after the judge has ordered your fees waived, please find out what exactly you are being charged for, whether it is a fee to the court or whether it goes to some other agency, and the name of the court employee directing that you pay it. If you believe you were wrongfully charged, please contact the QLaw Foundation LGBTQ Legal Clinic, Legal Voice, or other legal services provider or attorney.

If you get benefits like food stamps, TANF, or SSI, you will need proof of your benefits to get a fee waiver. If you don't get benefits, you will need to fill out a form that shows the court your income.

Each court has standard forms for getting fee waivers. You should use the forms from the clerk's office in the court where you are filing. The forms are available at no cost in the Clerk's Office (Room E-609, on the 6th Floor of the King County Courthouse) or the Family Law Facilitator (W-382), attached to this packet, or at this website:

<http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=87>

### **You must fill out these forms:**

- Motion and Declaration for Waiver of Civil Fees and Surcharges
- Proof of needs-based benefits (like TANF, food stamps, or SSI) OR
- Financial Statement (If you don't get any public benefits)
- Order regarding waiver of civil fees and surcharges
- Note: Additional documents may be required by other local counties

### **Once the forms are filled out**

1. Take the completed forms along with all your completed Name Change documents and fee waiver forms (we'll cover that below) to the cashier/clerk's window. Depending on the clerk, the clerk may send you directly to the Ex Parte Department to first obtain the fee waiver, then return to file the name change petition, or may allow you to get both orders from a judge at the same time. It is okay to ask the cashier or clerk for clarification if you are not sure what to do.
2. If the Commissioner signs the Order, you will be able to file your name change petition without paying the filing fee.

3. If the Commissioner denies your waiver, you will have to pay the filing fee to file your name change petition.

**How does the court decide whether or not to grant a fee waiver?**

The Court will consider your ability to pay when deciding whether to grant the fee waiver. In doing so, the court may apply the financial availability table below. However, the court may also grant the fee waiver if your income is above the limits below, but finds that your basic living expenses make you unable to pay the fees. The court may also waive the fees if it finds there are other compelling circumstances to do so.

This chart shows the income you need to be below to get a fee waiver in 2015:

<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Max Monthly Income</b>	\$ 1,216	\$ 1,639	\$ 2,061	\$ 2,484	\$ 2,907	\$3,330	\$ 3,753	\$ 4,176
<b>Max Annual Income</b>	\$ 14,588	\$ 19,663	\$ 24,738	\$ 29,813	\$ 34,888	\$ 39,963	\$ 45,038	\$ 50,113

The court may also waive the filing fees if you are currently receiving assistance under a needs-based, means-tested assistance program such as the following:

- Federal Temporary Assistance for Needy Families (TANF)
- State-provided general assistance for unemployable individuals (GA-U or GA-X)
- Federal Supplemental Security Income (SSI)
- Federal poverty-related veteran’s benefits
- Food Stamp Program (FSP)

If using any of the above as the basis for waiver of filing fees, be sure to bring evidence, such as a copy of a recent benefits award letter.

**If you are denied a fee waiver when you financially qualify, or are told that the fee waiver only applies for “emergency” situations (e.g. domestic violence) or are told that certain fees are non-waivable, please obtain the name of the person giving you that information, then contact the LGBTQ Legal Clinic or Legal Voice for further information.**

## 2.c. Filing the Petition for Name Change & Presenting to a Judge

**NOTE:** Please review page 3 for general requirements when filing documents with the court (e.g. documents must be one-sided).

1. Fill out the “Petition for Name Change” (*see Part 5.b of this packet*)
2. Bring the following documents to the Cashier’s Window in the Clerk’s Office
  - a. Filled out “Petition for Name Change” form; AND
  - b. Order regarding Fee Waiver (*see part 5.a of this packet*); OR
  - c. Payment in cash or check, *if you do not qualify for a fee waiver or are not requesting one*
    - i. No credit cards
    - ii. The check must be from a Washington State bank with your name and address printed on the check. Filing fees can only be paid by a party to the case.
  - d. NOTE: You must file the forms on the same day the Commissioner signs the order approving fee waiver. Do NOT remove this order from the courthouse.
    - i. The King County Superior Court Clerk’s Office is open 9:00 a.m. to 4:30 p.m.
3. The Clerk will then schedule a hearing for you to go in front of a judge and present your name change request.

### Name Change Filing and Hearing Schedule

**NOTE:** This schedule is posted for informational purposes only, and may not be accurate or subject to change. Photo ID may be required.

Division	Hearing Days and Time	Office Hours for Filing
<u>Auburn Courthouse</u> 340 Main Street, Ste 101 Auburn, WA 98002	Daily 1:00 p.m. Petitions must be completed and filed by 11:00 a.m. the same day	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Bellevue Courthouse</u> 585 112th Ave. S.E. Bellevue, WA 98004	Daily 1:00 p.m. Petition must be filed no later than 10:30 a.m. or hearing will be next day	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Burien Courthouse</u> 601 S.W. 149th St.	Daily 1:15 p.m. Petitions must be completed and filed by 11:00 a.m.	Monday - Friday

Seattle, WA 98166	the same day	8:30 a.m. - 4:30 p.m.
<u>Issaquah Courthouse</u> 5415 220th Ave. S.E. Issaquah, WA 98027	Daily No hearings between 11:30 a.m. and 1:00 p.m.	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Maleng Regional Justice Center</u> 401 4th Ave. N. Kent, WA 98032	Daily at 1:15 pm Petition must be completed and filed by 10:30 am the same day	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Redmond Courthouse</u> 8601 160th Ave. N.E. Redmond, WA 98052	Daily 1:00 p.m. Petition must be filed no later than 11.00 a.m. or hearing will be next day	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Seattle Courthouse</u> E-327 King County Courthouse Seattle, WA 98104	Daily at 1:30 p.m. Petitions must be completed and filed no later than 11:00 a.m.	Monday - Friday 8:30 a.m. - 4:30 p.m.
<u>Shoreline Courthouse</u> 18050 Meridian Ave. N. Shoreline, WA 98133	Daily to 3:00 p.m. Petitions must be filed no later than 3:00 p.m. or they will be scheduled on the next days calendar	Monday - Friday 8:30 a.m. - 4:30 p.m.

### **Documents to Bring**

- Consider obtaining a credit report ahead of time, and be ready to show that to the judge. You can get a free copy of your credit report from [www.annualcreditreport.com](http://www.annualcreditreport.com).
- If you have outstanding debts, consider bringing a letter that you wrote to the place that holds your debt telling them about your name change and tell the judge you will send it off when your name change is approved.

### **The Hearing**

- The hearing is at the courthouse, which means you will have to go through security.
- The clerk and judge in the hearing will likely say and/or spell your legal name a lot of times, which can be jarring and/or triggering.

- The judge will likely ask you if you are attempting to get a name change because you are running from the law. If you have past criminal history, the judge may ask more questions on this topic.
- The judge will ask you why you are asking for a name change. You do not have to disclose anything about your gender identity if you do not want to. You could instead tell the judge that this is the name you go by.

\*Make sure to get a copy of your motion and order. The clerk should be able to help with that.

After the hearing concludes, you may be given the signed order to return to the clerk's office for filing. If this is the case, you must take it to the clerk's office immediately, and you may not alter the order in any way or take it out of the courthouse after the judge has signed it. In some courts, the judge's assistant will file the order themselves.

Either way, you should obtain copies of the signed order from the clerk. It is important to get several certified copies made. These copies have a special stamp from the clerk's office.

**If you have been convicted of a crime:**

- You are required to give department of corrections 5 days notice before getting name change
- If you are a felon and either incarcerated OR on probation or parole at the time that you file for a name change, you must give written notice to the Department of Corrections five days before the hearing on the name change. RCW 4.24.130(2).
- After obtaining the name change, you must provide a copy of the name change order to the Office of the County Sherriff for the county in which you live, as well as to the Washington State Patrol, within 5 days of receiving the order. Failure to do so is a Class C felony.
- If your conviction is for kidnapping or a sex offence, other rules and restrictions apply. See RCW 4.24.130(3); RCW 9A.44.130.
- It may be helpful to consult an attorney.

**See an attorney if you are under age 18.**

## **Part 3: Changing your name and/or gender marker on other important documents**

To change your name on your other identification, it's easiest to get a court-ordered name change first. For some identification, you must have a court-ordered name change already.

<b>Document</b>	<b>Cost</b>
Drivers License	\$10
Birth Certificate (WA)	\$20
Social Security Card	\$0

### **3.a. Driver's License**

#### **To change your *name* on your driver's license:**

Name changes can be made in person at the Driver's Licensing Office in your area. You will have to pay a \$10 fee. You may also be able to update your license online. The fee for online license updates is \$20. Visit [www.dol.wa.gov/driverslicense/replacelostlicense.html](http://www.dol.wa.gov/driverslicense/replacelostlicense.html) to see if you are eligible to update online.

*For more information:*

<http://www.dol.wa.gov/driverslicense/namechange.html>

#### **You will need:**

1. Name Change Order signed by a judge
2. \$10 (if you're going in person to the office)

#### **To change your *gender marker* on your driver's license:**

1. First, mail in a "Change of Gender Designation Request" Form
  - a. Find the form in part 5.c of this packet, or visit <http://www.dol.wa.gov/forms/500043.pdf>
  - b. You will need a medical professional to complete the 2<sup>nd</sup> half of the form. See the form for a list of the types of medical professionals you can use.
  - c. You will also need a copy of your current valid WA Id.
2. After it's approved, the Driver's Licensing Office will send you a letter authorizing you to get a new license.
3. Once you get the authorization letter, you can get your new license either at a Driver's Licensing Office or online. It will cost \$10 to update in person or \$20 to update online. Visit [www.dol.wa.gov/driverslicense/replacelostlicense.html](http://www.dol.wa.gov/driverslicense/replacelostlicense.html) to see if you are eligible to update online.
  - a. NOTE: In order to avoid paying this fee twice, you can request to change your name and gender marker in the same application.

*For more information:*

<http://www.dol.wa.gov/driverslicense/genderchange.html>

### **3.b. Birth Certificate**

To change your name or gender on your birth certificate, contact the state health department in the state you were born. Every state has different requirements for changing your name or gender marker on your birth certificate. The information below is for people born in Washington.

If you are changing both your gender marker and your name, you can send all the information in at once. You will still pay \$20 for each copy of the new birth certificate that has both changes.

#### **To change your *name* on your birth certificate (born in WA)**

*For full instructions, go to:*

<http://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/CourtOrderedNameChange>

#### **You will need:**

1. Original Birth Certificate
2. Name Change Order signed by a judge
3. Name Change Request Form (*see part 5.e of this packet*):  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/422-126-LegalNameChangeRequest.pdf>
4. A letter with:
  - a. Your name on your birth certificate now (first, middle, last)
  - b. Your date of birth (month, day, year)
  - c. Your place of birth (city or county)
  - d. Mother/Parent's full name listed on certificate (first, middle, last)
  - e. Father/Parent's full name listed on certificate (first, middle, last)
  - f. Your contact information (return mailing address and phone number)
  - g. The change being requested and new information (old and new name).
5. \$20 per each new copy of the birth certificate you want.

*Send the above documents to:*

Legal Name Change  
DOH - Center for Health Statistics  
PO Box 9709 Olympia, WA 98507-9709

#### **To change your *gender marker* on your birth certificate (born in WA).**

*For full instructions, go to:*

<http://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/GenderChange>

#### **You will need:**

1. Original Birth Certificate
2. A letter with:
  - a. Your name on your birth certificate now (first, middle, last)
  - b. Your date of birth (month, day, year)

- c. Your place of birth (city or county)
  - d. Mother/Parent full name listed on certificate (first, middle, last)
  - e. Father/Parent full name listed on certificate (first, middle, last)
  - f. Your contact information (return mailing address and phone number)
  - g. The change being requested – your new name and/or gender
3. **EITHER:**
- a. A letter from your medical doctor (MD) stating that you have had the appropriate clinical treatment for your new gender.  
*OR*
  - b. A CERTIFIED copy of a Court Order with your new gender. (Certified copies are provided by the court, with a fee, and have a stamp that say “CERTIFIED” on it).
4. \$20 per each new copy of the birth certificate you want.

*Send to:*

Vital Records Amendments  
 Washington State Department of Health  
 Center for Health Statistics  
 PO Box 9709  
 Olympia, WA 98507-9709

### **3.c. Social Security Card**

If you get a court ordered name or gender marker change, it’s important to change your social security card too. If you don’t change your social security card, you may have problems with taxes or getting social security benefits later.

**NOTE:** Changing your name or gender marker will require you to ask for a “Corrected” Social Security Card. Your social security number will stay the same, but your new card will show your corrected information. These instructions are for US born citizens. If you are a citizen but were not born in the US, or if you are not a US citizen, visit the website for more instructions.

*For more information:*

<http://www.socialsecurity.gov/ssnumber/ss5doc.htm>

#### **What you will need**

1. Application (*see Part 5.d of this packet*):  
<http://www.socialsecurity.gov/forms/ss-5.pdf>
2. Proof of US Citizenship.
3. Name Change Order signed by a judge
4. Proof of Identity
  - a. A copy of a current (not expired) US driver’s license, state-issued ID card, US Passport. If you do not have any of those, you can send a copy of anything that has your name, birthdate, and a current photo. This includes employer identification cards, student ID, health insurance card (not Medicaid), or a military ID card.

- b. NOTE: If you have already updated your driver's license with the Department of Licensing, Social Security may not accept your old driver's license or temporary paper copy as proof of identity. If you plan on changing both, it may be a good idea to change your social security card first, or to bring another form of ID like a passport.
- c. *HELPFUL TIP*: If you are completing this process in person **and** you recently requested a new drivers license, they will NOT accept the old license that has a hole punched in it nor the new paper temporary license. So either go to SSA before DOL, wait a few weeks until your new license comes in the mail, or have another form of ID such as a passport.

*Send or bring in person to:*  
Seattle Social Security Office  
915 2nd Ave, Seattle, WA 98104

## Part 4: Other Important Information

### 4.a Common Q&A’s from Queer, trans, and gender non-conforming people

- 1. Do I need a doctor to sign off on a name change or gender marker change?**
  - a. Not for your name change, but in order to get your gender marker changed on your driver’s license and birth certificate you need a “Physician” to fill forms attesting that you are receiving “appropriate clinical treatment.”
  - b. Here is a list of trans-friendly doctors:  
[www.gaycity.org/transgender/](http://www.gaycity.org/transgender/) (see “Medical Support”).
- 2. How often is a name change request denied?**
  - a. The court doesn’t release statistics on how many name changes are granted or denied. However, most people’s name change requests are granted by the judge.
- 3. Should I get a name change/gender marker change?**
  - a. Here are some things to think about as you make the best decision for yourself.

Pros	Cons
The legal system will come closer to reflecting your name and gender identity.	You do not qualify for a fee waiver, but would be burdened by the cost of pursuing this change.
You qualify for the fee waiver or can afford the associated fees.	The process for applying for jobs, housing, loans, etc. may be twice as long due to administrative delays, and will likely still require you to provide your previous name and gender marker.
Trans and gender nonconforming people can have uncomfortable experiences with law enforcement, airport security, and other official entities when providing identification with a name or gender marker that differs from their legal name. Whether a name change would work to alleviate or exacerbate this issue depends on an individual’s perceived gender presentation.	For health insurance, some trans folks have experienced difficulty getting certain health needs covered after getting a gender marker changed (e.g. OBGYN appointments after changing their gender marker to “M”). This should just be an administrative hurdle, though - see an attorney if your health insurance denies coverage based on a gender marker change.

- 4. Do people commonly experience discrimination from judges and court officials when getting a name change?**
  - a. There is no guarantee that judges and court administrators will not make discriminatory remarks, however clerks and judges should not ask offensive, probing questions about your gender identity.

- b. Many judges and court staff have received training on serving trans and gender-nonconforming folks. However, if you are treated in a way that is offensive to you, it is important that you contact the LGBTQ Legal Clinic, Legal Voice, the Seattle or King County Offices for Civil Rights, or other civil rights agency, to report the treatment. This will help ensure that judges and court staff continue to receive the training they need to serve all communities.
- 5. Do I need to notify my bank/health insurance/FAFSA/etc. of my name change/gender marker change?**
  - a. It's a good idea to contact these institutions and inform them you have a court ordered name change. Each institution will probably have different policies and rules around how their records reflect legal name changes, and remember that if you do not inform them of your legal name change, any conflict between your identification documents and those records could create administrative hurdles later.
- 6. What should I say is my reason for getting a name change?**
  - a. In many cases, people have managed to get a name change simply by stating that the name you provided is the name you go by, without going into great detail about how it relates to your gender identity. There is no requirement that you be getting the change for any particular reason, only that you not be changing your name for fraudulent reasons.
- 7. Do I have to change all of my documents at once?**
  - a. No – you should be able to change each document over time after you get the court order, though certain documents might take more priority than others.
    - i. E.g. Your social security is usually attached to health insurance and school loans, so it may be a priority to conform those records first.
    - ii. Because many agencies require a court order reflecting a legal name change, you may want to prioritize obtaining that order first. However, it is possible to change your gender marker without obtaining a name change, and then get the name change later (e.g. if you are not sure yet which name you wish to use permanently).

#### **4.b Helpful Tips**

- Do an inventory of how many places you will need to inform of your name change (banks, other financial institutions, employers, et cetera) and figure out how many of them just want to see your certified copy of your court order, rather than keep it.
- Keep copies of all of the forms that you submit, as well as the old and new copies of your ID.
- Applying for jobs, apartments, loans, schools may take longer to process if you choose not to notify those agencies of your previous name.

_____ <b>Court of Washington</b> <b>For</b> _____  _____ Petitioner/Plaintiff, vs. _____ Respondent/Defendant.
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No. \_\_\_\_\_

**Motion and Declaration For Waiver of Civil Fees and Surcharges (MTAF)**

**I. Motion**

- 1.1 I am the  petitioner/plaintiff  respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under GR 34.

**II. Basis for Motion**

- 2.1. GR 34 allows the court to waive “fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief” for a person who is indigent. As outlined below, I am indigent.

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

\_\_\_\_\_  
Signature of Requesting Party

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

**III. Declaration**

I declare that,

- 3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

3.2 In addition to the information in the financial statement I would like the court to consider the following:

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(Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature

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

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Financial Statement (Attachment)</b>			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many?      Age(s):			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
<b>4. Other Sources of Income Per Month in my Household:</b>		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
<b>Total Income, lines 3 (take home pay) and 4:</b>		Sub-Total:	\$
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
Cash on hand:	\$		\$
Checking Account Balance:	\$		\$
Savings Account Balance:	\$		\$
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$	Sub-Total:	\$
Home (Value less mortgage):	\$	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	\$
<b>Date:</b>		<b>Signature:</b>	

<p style="text-align: center;"><b>Court of Washington</b></p> <p><b>For</b> _____</p>
<p style="text-align: center;">_____ Petitioner/Plaintiff, vs. _____ Respondent/Defendant.</p>

**No.** \_\_\_\_\_

**Order Re Waiver of Civil Fees and Surcharges**

- Granted (ORPRFP)**
- Denied (ORDYMT)**
- Clerk's Action Required 3.1**

**I. Basis**

The court received the motion to waive fees and surcharges filed by or on behalf of the  
 petitioner/plaintiff     respondent/defendant.

**II. Findings**

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- 2.1        The moving party is indigent based on the following: He or she:
- is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
  - receives benefits from one or more needs-based, means-tested assistance programs; and/or
  - has household income at or below 125% of the federal poverty guideline; and/or
  - has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
  - other: \_\_\_\_\_  
\_\_\_\_\_

2.2  The moving party is not indigent.

2.3  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### III. Order

Based on the findings the court orders:

3.1  The motion is granted, and

all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.

other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3.2  The motion is denied.

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

\_\_\_\_\_  
**Judge/Commissioner**

Presented by:

\_\_\_\_\_  
Signature of Party or Lawyer/WSBA No.

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

**KING COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

**In re the Petition of:** \_\_\_\_\_ ) NO. \_\_\_\_\_  
 )  
**Current Name:** \_\_\_\_\_ ) **PETITION FOR NAME CHANGE**  
 **First, Middle, Last** ) **(Individual)**

My current legal name is \_\_\_\_\_ [legibly print full name].  
First, Middle, Last

I am applying for a court order which will change my current name to:  
\_\_\_\_\_ [legibly print full new name],  
First, Middle, Last

and I make the following statements under penalty of perjury.

1. Are you currently a resident of King County, Washington? Yes  No
2. Are you required to register as a sex offender? Yes  No   
**[Petitioner's failure to provide required notice to the King County Sheriff and Washington State Patrol is a crime. RCW 9A.44.130(8).]**
3. Are you an offender under the jurisdiction of the Department of Corrections?  
Yes  No   
**[Petitioner's failure to provide required notice to DOC is a crime. RCW 4.24.130.]**
4. Have you had a name change prior to this petition? Please explain. (Date, place, reason)  
\_\_\_\_\_  
\_\_\_\_\_
5. I request a change of name for the following reason(s). Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. I declare that this name change petition is not made for any illegal or fraudulent purpose.
7. I declare that my name change will not be detrimental to the interests of anyone else.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS IN THIS PETITION ARE TRUE AND CORRECT.**

Signed at \_\_\_\_\_, Washington, on \_\_\_\_\_.  
City Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Street Address

\_\_\_\_\_  
Petitioner's City, State, Zip

Received: \_\_\_\_\_  
Court Clerk

# Change of Gender Designation Request

You can use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced identification card. This form must be completed by you and a licensed health care provider (as noted in the Physician section below) familiar with your treatment. Send this completed form **and** a photocopy of your valid Washington driver license, instruction permit, identification card, enhanced driver license, or enhanced identification card to:

**Programs and Services, Driver Records  
Department of Licensing  
PO Box 9030  
Olympia WA 98507-9030**

You will be notified in writing when your request has been processed. **Incomplete applications will not be processed.**

## Applicant

TYPE or PRINT Name as it appears on your current license or ID card ( <i>Last, First, Middle</i> )		License or ID card number
(Area code) Daytime telephone number	Email ( <i>in case we need to contact you</i> )	
Answer the following		
What gender designation would you like on your license or ID card? ..... <input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>I authorize the licensed health care provider listed in the physician section to release information related to this request. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>		
Date and place signed	<b>X</b> Signature	

## Physician

This section must be completed by a licensed medical physician, internist, endocrinologist, gynecologist, urologist, osteopathic physician, psychiatrist, psychologist, or a Washington State licensed naturopathic physician, advanced registered nurse practitioner, physician assistant, or certified osteopathic physician assistant familiar with your treatment.

TYPE or PRINT Name of patient			
Your name as it appears on your license			
License number	Expiration date	Issuing state/jurisdiction	DEA registration number
Hospital or medical clinic name			(Area code) Telephone number
Physical address ( <i>Address, City, State, ZIP code, Country</i> )			
Mailing address, if different ( <i>Address, City, State, ZIP code, Country</i> )			
Answer the following			
1. I am the attending health care provider with a doctor/patient relationship with the applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have reviewed and evaluated the applicant's medical history.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The applicant has undergone the appropriate gender transition clinical treatment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the gender identification of this applicant?			<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>			
Date and place signed			<b>X</b> Physician signature

# **SOCIAL SECURITY ADMINISTRATION**

## **Application for a Social Security Card**

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**Applying for a Social Security Card is free!**

### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **Changing Information on Your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

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## EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

**IMPORTANT** : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

### Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

### Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

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## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½” x 11” (or A4 8.25” x 11.7”) paper.**

**GENERAL:** Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, “1998” for year of birth.
5. If you check “Legal Alien Not Allowed to Work” or “Other,” you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the “unknown” box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an “X” mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

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## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

### **PRIVACY ACT STATEMENT**

#### **Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)      City      State or Foreign Country			<b>4</b>	<b>DATE OF BIRTH</b> MM/DD/YYYY
				Office Use Only	FCI
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code    Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State/Foreign Country	ZIP Code
<b>17</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
	<b>YOUR SIGNATURE</b>		<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other    Specify _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	
ITV					
PBC	EVI	EVA	EVC	PRA	NWR
DNR		UNIT			
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DATE	
				DCL	
				DATE	

