



Name Change and/or Sex Designation Change Petition for a Legally Incapacitated Person (LIP)*

_____ Court

County of _____

Petitioner (Guardian Name): _____

Index Number: _____

As Legal Guardian of (LIP's Present Name): _____

***Note:** A legally incapacitated person (LIP) is someone 18 years of age or older who has been declared by a court order to be temporarily or permanently impaired due to mental illness, mental deficiency, physical illness or disability, or alcohol or drug use to the extent that the person lacks sufficient understanding to make or communicate responsible personal decisions or to enter into contracts.

I am the LIP's legal guardian, and I am requesting a Court Order on behalf of the LIP for the following (check all that apply):

- Name Change** (complete Section A below)
- Sex Designation Change** (complete Section B below)

Note:

- A court order is not required under New York law to change the LIP's sex designation on an identity document (birth certificate, driver's license, photo ID, etc.) issued in New York.
- Every state has its own requirements for a sex designation change. Some states may not honor sex designation change orders from New York courts. If you want to change the LIP's identity document issued in another state, you should check that state's requirements before you file an application.
- This application is for a declaratory judgment. A declaratory judgment states a fact under the law. If granted, the sex designation change order legally recognizes the LIP's gender identity.

RECORDS SEALING: The clerk will temporarily make the LIP's case inaccessible to the public (LIP's name and case information will be private) until the judge makes a final decision about sealing the LIP's case.

SECTION A: NAME CHANGE (complete this section for a name change)

1. LIP's Requested New Name: _____

2. LIP's Place of Birth (Street Address, City/Town/Village, State, Zip, Country): _____



Note: You must attach **proof of birth** to this petition.

- If you were born outside of the State of New York, proof of birth can include a birth certificate, passport, or any other legal document which shows the date and place of your birth.
- If you were born in the State of New York, **you must** attach **one** of the following:
 - Certified Copy of your government-issued birth document (i.e., Birth Certificate/Certification of Birth):
 - If you were born in New York City, you can get a certified copy of your birth document from the [New York City Department of Health and Mental Hygiene](#)
 - If you were born outside New York City, you can get a certified copy of your birth document from the [New York State Department of Health's Vital Records Department](#)
 - Certified Transcript of your Birth Certificate
 - Certificate from Commissioner or local Board of Health stating no such Certificate is available

3. Has the LIP ever been convicted of a crime? **Yes** **No**

If 'Yes' to question 3, you must answer questions 4-5.

4. Court where the LIP was convicted: _____

5. Crime for which the LIP was convicted: _____

6. Has the LIP ever filed for bankruptcy? **Yes** **No**

7. Are there any judgments or liens of record against the LIP? **Yes** **No**

8. Is the LIP a party to any actions or proceedings? **Yes** **No**

If you answered 'Yes' to question 6, 7 or 8, provide details below, including the court where it was filed, the date it was filed, and the case number (if known).

9. Is the LIP currently married? **Yes** **No**

10. Has the LIP been previously married? **Yes** **No**

11. Does the LIP have any children under 21? **Yes** **No**

12. Does the LIP have to pay child support? **Yes** **No**

If 'Yes' to question 12, you must answer questions 13-15.

13. Are child support payments satisfied and up to date? **Yes** **No**

If 'No,' how much is owed? \$ _____

14. Court that issued the child support order: _____

15. Child Support Collections Unit: _____

16. Is the LIP responsible for spousal support? **Yes** **No**

If 'Yes' to question 16, you must answer questions 17-18.

17. Are spousal support payments satisfied and up to date? **Yes** **No**

If 'No,' how much is owed? \$ _____

18. Court that issued the spousal support order: _____

19. Was a name change petition previously filed for the LIP in any court? Yes No

If 'Yes,' provide details below, including the court where the petition was filed, the date it was filed, the case number (if known), and the result.

20. What are the reasons for changing the LIP's name?

Provide details below.

SECTION B: SEX DESIGNATION CHANGE (complete this section for a sex designation change)

21. LIP's Requested New Sex Designation: _____

22. Was a sex designation change petition filed for the LIP before? Yes No

If 'Yes,' provide details below, including the court where the petition was filed, the date it was filed, the case number (if known), and the result.

23. Do you want to provide the reasons for changing the LIP's sex designation? Yes No

If 'Yes,' you may provide details below. If 'No,' leave this question blank. Please note, this information is optional and is not required for a court order to change your sex designation.

SECTION C: PERSONAL INFORMATION (all applicants must complete this section)

24. LIP's Present Name: _____

25. LIP's Age: _____

26. LIP's Date of Birth: _____

27. LIP's Current Address (Street Address, City/Town/Village, State, Zip, Country):

Note: The court may require you to show proof of LIP's address when you file your petition.

28. Should this court record be sealed for the LIP's personal safety? **Yes** **No**

If 'Yes,' provide details below.

29. Have you attached any supporting documents or additional pages? **Yes** **No**

If 'Yes,' list the name or a description of the document(s) below.

30. I respectfully request a court order permitting the following for the LIP (check all that apply)

- name change
 sex designation change

Petitioner Signature

Date

VERIFICATION

State of New York, County of _____ ss.:

I, _____, the petitioner, being duly sworn, have read the above petition and say that the information in the petition is true and accurate to the best of my knowledge and belief.

Petitioner Signature in Presence of Notary

Sworn to before me this _____
day of _____, 20____.

Notary Public

Note: You can complete and submit a Fee Waiver Application form asking the court to waive the filing fees for your application if you qualify:

- A fillable Fee Waiver Application form is available at:
<https://ww2.nycourts.gov/fee-waiver-application-36856>
- For more information regarding Fee Waiver, go to
<https://www.nycourts.gov/CourtHelp/GoingToCourt/feeWaiver.shtml>