



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

_____ Court
 County of _____
 Petitioner (Guardian Name): _____

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

Index #: _____

***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)

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

1. LIP's Requested New Name: _____
2. Is the LIP a natural born citizen of the United States? Yes No
3. LIP's Place of Birth (Street Address, City/Town/Village, State, Zip, Country): _____

*If the LIP was born in the State of New York, **you must** attach **one** of the following:

- Certified Copy of LIP's Birth Certificate
- Certified Transcript of LIP's Birth Certificate
- Certificate from Commissioner or local Board of Health stating no such Certificate is available

4. Has the LIP ever been convicted of a crime? Yes No
- If 'Yes' to question 4, you must answer questions 5-6.

5. Court where the LIP was convicted: _____
6. Crime for which the LIP was convicted: _____

7. Has the LIP ever filed for bankruptcy? Yes No
8. Are there any judgments or liens of record against the LIP? Yes No
9. Is the LIP a party to any actions or proceedings? Yes No

If 'Yes' to any of questions 7-9, provide details below. Check box if attachments are needed



10. Is the LIP currently married? Yes No
11. Has the LIP been previously married? Yes No
12. Does the LIP have any children under 21? Yes No
13. Does the LIP have to pay child support? Yes No
 If 'Yes' to question 13, you must answer questions 14-16.
14. Are child support payments satisfied and up to date? Yes No
 If 'No,' how much is owed? \$ _____
15. Court that issued the child support order: _____
16. Child Support Collections Unit: _____
17. Is the LIP responsible for spousal support? Yes No
 If 'Yes' to question 17, you must answer questions 18-19.
18. Are spousal support payments satisfied and up to date? Yes No
 If 'No,' how much is owed? \$ _____
19. Court that issued the spousal support order: _____
20. Was a name change petition previously filed for the LIP in any court? Yes No

If 'Yes,' provide details below. Check box if attachments are needed

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

Provide details below. Check box if attachments are needed

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

22. LIP's Requested New Sex Designation *(select one)*: _____

23. Do you want to change the LIP's sex designation on an identity document? Yes No

If 'Yes,' list the identity documents below. For example, the LIP's birth certificate, driver's license, etc. Check box if attachments are needed

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24. Was a sex designation change petition previously filed for the LIP in any court?

Yes No

If 'Yes,' provide details below. Check box if attachments are needed

[Empty text box for details]

25. What are the reasons for changing the LIP's sex designation and why is it in their best interests?

Provide details below. Check box if attachments are needed

[Empty text box for reasons]

SECTION C: Personal Information (all applicants must complete this section)

26. LIP's Present Name: _____

27. LIP's Age: _____

28. LIP's Date of Birth (Month/Day/Year): _____

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

30. When did the LIP move to their current address (Month/Day/Year): _____

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

If 'Yes,' provide details below. Check box if attachments are needed

[Empty text box for details]

32. I respectfully request a Court Order permitting a name change and/or sex designation change for the LIP, as applicable.

Petitioner Signature
in Presence of Notary

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

Notary Public