



# Name Change and/or Sex Designation Change Petition for Individual Adult (person 18 or over)

UCS-NC1 (12/2021)

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[nycourthelp.gov](http://nycourthelp.gov)

\_\_\_\_\_ Court  
 County of \_\_\_\_\_  
 Petitioner (Your Present Name): \_\_\_\_\_

Index #: \_\_\_\_\_

I am requesting a Court Order 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. Your Requested New Name: \_\_\_\_\_

2. Are you a natural born citizen of the United States? Yes No

3. Your Place of Birth (Street Address, City/Town/Village, State, Zip, Country): \_\_\_\_\_

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

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

4. Have you ever been convicted of a crime? Yes No

If 'Yes' to question 4, you must answer questions 5-6.

5. Court where you were convicted: \_\_\_\_\_

6. Crime for which you were convicted: \_\_\_\_\_

7. Have you ever filed for bankruptcy? Yes No

8. Are there any judgments or liens of record against you? Yes No

9. Are you 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. Are you currently married? Yes No

11. Have you been previously married? Yes No

12. Do you have any children under 21? Yes No

**13. Do you 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 do you owe? \$ \_\_\_\_\_

**15. Court that issued the child support order:** \_\_\_\_\_

**16. Child Support Collections Unit:** \_\_\_\_\_

**17. Are you 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 do you owe? \$ \_\_\_\_\_

**19. Court that issued the spousal support order:** \_\_\_\_\_

**20. Have you previously filed a name change petition in any court?** **Yes** **No**

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

**21. What are your reasons for changing your name?**

Provide details below. Check box if attachments are needed

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

**22. Your Requested New Sex Designation** *(select one):* \_\_\_\_\_

**23. Do you want to change your sex designation on an identity document?** **Yes** **No**

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

**24. Have you previously filed a sex designation change petition in any court?** **Yes** **No**

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

**25. Do you want to provide your reasons for changing your sex designation?      Yes      No**

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

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

**26. Your Present Name:** \_\_\_\_\_

**27. Your Age:** \_\_\_\_\_

**28. Your Date of Birth** (Month/Day/Year): \_\_\_\_\_

**29. Your Current Address** (Street Address, City/Town/Village, State, Zip, Country):  
\_\_\_\_\_

**30. When did you move to your current address** (Month/Day/Year): \_\_\_\_\_

**31. Should this court record be sealed for your personal safety?      Yes      No**

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

**32. I respectfully request a Court Order permitting my      name change and/or      sex designation change, as applicable.**

\_\_\_\_\_  
**Petitioner Signature  
in Presence of Notary**

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**



# Order Granting Name Change and/or Sex Designation Change for Individual Adult (person 18 or over)

UCS-NCO1 (12/2021)

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[nycourthelp.gov](http://nycourthelp.gov)

\_\_\_\_\_ Court  
 County of \_\_\_\_\_  
 Present: Hon. \_\_\_\_\_  
 In the Matter of the Application of:  
 \_\_\_\_\_

Index #: \_\_\_\_\_

Upon the Petitioner's application verified on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for a **Name Change** and/or **Sex Designation Change**, and the Court being satisfied that said petition is true and that there is no reasonable objection to the change(s) proposed; it is hereby,

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

**ORDERED** that, Petitioner having been born on (Month/Day/Year) \_\_\_\_\_ in \_\_\_\_\_ and having provided the following proof of birth:

Certified copy of birth certificate number \_\_\_\_\_ issued by the \_\_\_\_\_ Department of Health; or

Certified transcript of birth certificate number \_\_\_\_\_ issued by the \_\_\_\_\_ Department of Health; or

Certificate from Commissioner of \_\_\_\_\_ Department of Health stating no birth certificate is available; or

Other: \_\_\_\_\_;

Petitioner is authorized to assume the name of \_\_\_\_\_ in place of Petitioner's present name, \_\_\_\_\_, and Petitioner shall be known by no other name; and it is further,

**OPTIONAL PROVISIONS** *(check all that apply):*

**ORDERED** that Petitioner shall serve a certified copy of this order upon the following parties based upon the following reasoning and good cause:

**ORDERED** that Petitioner shall serve a certified copy of this order upon the following city, state or federal agencies based upon the following reasoning and good cause:

**ORDERED** that, Petitioner having been convicted of an offense listed in Civil Rights Law section 64(2)(a), the court clerk shall deliver a certified copy of this order by first-class mail to the Division of Criminal Justice Services; and it is further,

**ORDERED** that Petitioner, being responsible for child support obligations pursuant to a court order, shall deliver a certified copy of this order by first-class mail to the following court that issued the child support order: \_\_\_\_\_ and the Child Support Collection Unit: \_\_\_\_\_; and it is further,

**ORDERED** that Petitioner, being responsible for spousal support obligations pursuant to a court order, shall deliver a certified copy of this order by first-class mail to the following court that issued the spousal support order: \_\_\_\_\_; and it is further,

**ORDERED at Petitioner's request or sua sponte** that the court record of this name change proceeding is sealed pursuant to the Court's finding that an open record of Petitioner's name change would jeopardize Petitioner's personal safety based upon the totality of the circumstances and may be opened only by court order for good cause shown or at Petitioner's request; and it is further,

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

**ORDERED** that, having attested to their gender identity or to the reason for the sex designation change, Petitioner is authorized to assume the proposed sex designation of \_\_\_\_\_; and it is further,

**OPTIONAL PROVISIONS** (*check all that apply*):

**ORDERED** that Petitioner is authorized to amend their sex designation on the following identity documents:

--

**ORDERED at Petitioner's request or sua sponte** that the court record of this sex designation change proceeding is sealed and may be opened only by court order for good cause shown or at Petitioner's request; and it is further,

**ORDERED** that this Order be entered and the papers on which it was granted be filed in the office of the County Clerk of \_\_\_\_\_ County; and it is further,

**ORDERED** that the authorizations contained herein are contingent upon Petitioner's full compliance with the provisions and directives of this order.

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

\_\_\_\_\_  
**Judge Signature**



# REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 02/01/2022)

\_\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

<b>CAPTION</b> Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.	For Court Use Only:
	IAS Entry Date
Plaintiff(s)/Petitioner(s)	Judge Assigned
-against-	
Defendant(s)/Respondent(s)	RJI Filed Date

**NATURE OF ACTION OR PROCEEDING** Check only one box and specify where indicated.

**COMMERCIAL**

Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)  
 Contract  
 Insurance (where insurance company is a party, except arbitration)  
 UCC (includes sales and negotiable instruments)  
 Other Commercial (specify): \_\_\_\_\_

**NOTE:** For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the **COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C)**.

**MATRIMONIAL**

Contested  
**NOTE:** If there are children under the age of 18, complete and attach the **MATRIMONIAL RJI ADDENDUM (UCS-840M)**.  
 For Uncontested Matrimonial actions, use the **Uncontested Divorce RJI (UD-13)**.

**TORTS**

Asbestos  
 Child Victims Act  
 Environmental (specify): \_\_\_\_\_  
 Medical, Dental or Podiatric Malpractice  
 Motor Vehicle  
 Products Liability (specify): \_\_\_\_\_  
 Other Negligence (specify): \_\_\_\_\_  
 Other Professional Malpractice (specify): \_\_\_\_\_  
 Other Tort (specify): \_\_\_\_\_

**REAL PROPERTY** Specify how many properties the application includes: \_\_\_\_\_

Condemnation  
 Mortgage Foreclosure (specify): Residential Commercial  
 Property Address: \_\_\_\_\_  
**NOTE:** For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the **FORECLOSURE RJI ADDENDUM (UCS-840F)**.  
 Partition  
**NOTE:** Complete and attach the **PARTITION RJI ADDENDUM (UCS-840P)**.  
 Tax Certiorari (specify): Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Foreclosure  
 Other Real Property (specify): \_\_\_\_\_

**SPECIAL PROCEEDINGS**

Child-Parent Security Act (specify): Assisted Reproduction Surrogacy Agreement  
 CPLR Article 75 – Arbitration [see **NOTE** in **COMMERCIAL** section]  
 CPLR Article 78 – Proceeding against a Body or Officer  
 Election Law  
 Extreme Risk Protection Order  
 MHL Article 9.60 – Kendra’s Law  
 MHL Article 10 – Sex Offender Confinement (specify): Initial Review  
 MHL Article 81 (Guardianship)  
 Other Mental Hygiene (specify): \_\_\_\_\_  
 Other Special Proceeding (specify): \_\_\_\_\_

**OTHER MATTERS**

Certificate of Incorporation/Dissolution [see **NOTE** in **COMMERCIAL** section]  
 Emergency Medical Treatment  
 Habeas Corpus  
 Local Court Appeal  
 Mechanic’s Lien  
 Name Change/Sex Designation Change  
 Pistol Permit Revocation Hearing  
 Sale or Finance of Religious/Not-for-Profit Property  
 Other (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: _____

**NATURE OF JUDICIAL INTERVENTION** Check one box only and enter additional information where indicated.

Infant’s Compromise  
 Extreme Risk Protection Order Application  
 Note of Issue/Certificate of Readiness  
 Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: \_\_\_\_\_  
 Notice of Motion Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Notice of Petition Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Order to Show Cause Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Other Ex Parte Application Relief Requested: \_\_\_\_\_  
 Partition Settlement Conference  
 Poor Person Application  
 Request for Preliminary Conference  
 Residential Mortgage Foreclosure Settlement Conference  
 Writ of Habeas Corpus  
 Other (specify): \_\_\_\_\_

**RELATED CASES** List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank.  
If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case

**PARTIES** For parties without an attorney, check the “Un-Rep” box and enter the party’s address, phone number and email in the space provided.  
If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Un-Rep	Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 <sup>rd</sup> party plaintiff, etc.)	Attorneys and Unrepresented Litigants For represented parties, provide attorney’s name, firm name, address, phone and email. For unrepresented parties, provide party’s address, phone and email.	Issue Joined For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrier, if applicable.
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		YES NO	
	Name: Role(s):		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, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Print Name