

NAME CHANGE FORMS – AGE 14 AND OLDER

MILWAUKEE COUNTY

FILING AND SERVICE FEES

- **\$168:** for filing (\$0 with an approved Fee Waiver)
- **\$100 or \$125:** for publication (can't be waived with a Fee Waiver)
- No service required

FORMS and COPIES NEEDED

- **Name Change forms** → Original and 2 copies (of all forms)
 - **Petition for Name Change (14 and older)** (CV-450)
 - **Notice and Order for Name Change Hearing** (CV-460)
 - **Order for Name Change** (CV-470)
- **Fee Waiver forms**, if you qualify → Original only (of both forms)
 - **Petition for Waiver of Fees & Costs – Affidavit of Indigency** (CV-410A)
 - **Order on Petition for Waiver of Fees & Costs** (CV-410B)

SECTION A: Requesting a Fee Waiver

If you can't afford the filing or service fees and want to ask the court to waive the fees, complete the following steps. If you are not requesting a Fee Waiver, move to Section B.

- **DO NOT sign or date the Fee Waiver until you are in front of a notary.** You can get documents notarized in Room 104 of the courthouse or at most banks and post offices. Bring your photo ID!
- **Get Proof of Income or Proof of Public Assistance/Benefits.**
 - If you think you qualify based on your income, you can show pay stubs, proof of unemployment, etc.
 - If you receive public assistance (FoodShare, BadgerCare, etc.), the easiest way to get the Fee Waiver approved is by showing the [MyACCESS Mobile App](#) on your phone. You can download the app at www.dhs.wisconsin.gov/forwardhealth/myaccess.
- Take both notarized fee waiver AND proof of income / public assistance to **Room 609 (Chief Judge's Office)**.

SECTION B: Filing the Forms and Getting a Hearing Date

Complete the following steps in order.

- **Room 104 (Clerk of Court)**
 - Show your approved Fee Waiver or pay the filing fee.
 - Give all original documents and copies to the clerk.
- **Judge's courtroom:**
 - To get a hearing date, file all original documents and copies in your Judge's courtroom. If you don't know where that is, you can ask the clerk in Room 104.
 - Make sure the hearing date is written on all copies.

SECTION C: Publishing in the Newspaper and Attending Your Hearing

- After you get the hearing date, publish the “Notice of and Order for Name Change Hearing” in an approved newspaper once. The newspaper must run the notice once a week for three consecutive weeks. In Milwaukee County, here are the two newspapers approved for publishing:

Milwaukee Community Journal 3612 N. Doctor M.L.K. Jr Dr Milwaukee, WI 53212 (414) 265-5300 Cost: \$100 (for all 3 weeks)	Daily Reporter 225 E. Michigan St, #300 Milwaukee, WI 53202 (414) 225-1801 Email: publicnotices@dailyreporter.com Cost: \$131.25 (for all 3 weeks)
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The newspaper will send you Proof of Publication in the mail after the last week of publication.

- **Attend your hearing.**
 - If your hearing is remote (on the Zoom video conferencing app), the court will give you instructions on how to join.
 - Make sure you have all necessary documents with you at the hearing (original birth certificate, proof of publication, etc.).
- **Questions?**
 - **To get help with the forms or filing procedures:** Email the Milwaukee Justice Center at mjcdivorce@gmail.com. If you want in-person help, you can visit the Self-help Family Forms clinic at the MJC during our walk-in clinic hours (listed here: <https://www.milwaukeejusticecenter.org/services-hours-location.html>).
 - **To answer your own questions:** You can find the forms, directions, and tutorial videos on how to complete the forms at this website: <https://www.milwaukeejusticecenter.org/howtovideos.html>.

Enter the name of the county in which this case was filed.
Enter your current name. You are the Petitioner.
The clerk will enter the case number.

STATE OF WISCONSIN, CIRCUIT COURT,
 _____ COUNTY
 IN THE MATTER OF THE NAME CHANGE OF

 First Name Middle Name Last Name

Amended

**Petition for Name Change
 for Adult or Minor 14 or Older
 (30708)**

Case No. _____

One or both parties require the services of an interpreter. Which party? _____
 Which language? _____ Complete and file the Interpreter Request ([GF-149](#)) form.

In 1, enter your complete address. In 2, enter the County where you live.
In 3, enter date and state of your birth.
In 4, enter state the birth certificate was issued.
In 5, enter name as it appears on the birth certificate.
In 6, enter your job title.
In 7, check a or b.
In 8, check the appropriate box.
In 9, enter your proposed new name. Enter the reason(s) you want to change your name. Check 10, if you want your name changed on your WI birth and/or marriage certificate.

- I am the Petitioner and state:
- My address is [Street Address, City, State and Zip] _____.
 - I live in _____ County, Wisconsin.
 - I was born on [Date] _____ in the state of _____.
 - My birth certificate was issued in the state of _____.
 - The name that appears on my birth certificate is [First Name] _____
 [Middle Name] _____
 [Last Name] _____
 - My current job is _____.
 - A. I do not work in a job for which a license has been required by any state, or my only professional license is to teach in the public schools in this state.
 B. I do work in a job (other than a licensed teacher in Wisconsin public schools) for which a license has been required by any state. However, I have notified the state board or commission for my profession and they do not object to my proposed name change.
 - I am am not a convicted sex offender required to register under §§301.45, 938.34(15m), and 938.345(3), Wis. Stats., or a similar law of any other state.
 - I wish to change my name to [First Name] _____
 [Middle Name] _____
 [Last Name] _____
 For the following reason(s): _____
 - I wish to change the name on my Wisconsin birth marriage certificate.

I declare under the penalty of false swearing that the information I have provided is true and accurate.

Signature _____
 Name Printed or Typed _____
 Address _____
 Email Address _____ Telephone Number _____
 Date _____ State Bar No (if any) _____

Enter the name of the county in which this case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Enter the current name of the person whose name is proposed to be changed.	IN THE MATTER OF THE NAME CHANGE OF _____ <input type="checkbox"/> Amended Order for Name Change
Enter the case number.	First Name _____ Middle Name _____ Last Name _____ Case No. _____
Enter the county and the date of the hearing.	The Petition for Name Change was heard by the Circuit Court of _____ County, Wisconsin on the _____ day of _____, 20____.

THE COURT FINDS:

In 1, enter the county name.	1. The person whose name is to be changed lives in _____ County, Wisconsin.
In 2, enter the name as it appears on the birth certificate.	2. The name that appears on the birth certificate is [First] _____ [Middle] _____ [Last] _____
In 3, enter the first, middle and last name if the person whose name shall be changed.	3. The name of this person shall be changed to [First] _____ [Middle] _____ [Last] _____
In 4, enter the address.	4. The address of the person whose name is to be changed is _____
In 5, enter the date of birth.	5. The date of birth of the person whose name is to be changed is _____
	6. It has jurisdiction and notice of the hearing, if required, has been given.
	7. The facts of the Petition are true and correct.
	8. The Petition was published as a class 3 notice.
In 8, enter any other info.	<input type="checkbox"/> 9. Other: _____

STOP!
The court will complete the rest of this form.

THE COURT ORDERS:

1. The Petition for Name Change is granted.

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2. If the person was born in Wisconsin, the Wisconsin birth certificate
 shall shall not be changed.
3. If the person was married in Wisconsin, the Wisconsin marriage certificate
 shall shall not be changed.
4. Other: _____

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.

DISTRIBUTION:

1. Court
2. Certified Copy - Register of Deeds
3. Petitioner

This form is also available in Spanish and Hmong.
<https://www.wicourts.gov/forms1/circuit/index.htm>
Este formulario está disponible en español y hmong.
Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

-vs-

**Petition for Waiver of Fees and Costs
Affidavit of Indigency**

Case No. _____

UNDER OATH, I STATE:

Because of poverty, I am unable to pay any filing and service fees, including the electronic filing fee, or _____, in this action, proceeding, or appeal, or to give security for those fees, and request waiver of those fees.

The documents I want to file are included with this Petition.

**Complete Section 1 if you receive aid from any of the programs listed.
If you do not receive aid, complete Section 2 only.**

Section 1.

I currently receive the following benefits and/or services:

- Supplemental security income. Relief funded under §59.53(21), Wis. Stats. Medical assistance.
 Food stamps/FoodShare. Relief funded under public assistance.
 Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
 Legal representation from the Public Defender's Office, civil legal services program or a volunteer attorney program based on indigency.
Name of program: _____
 Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.

Section 2.

- I am am not married.
- I am am not employed. Name of employer: _____
- I earn [Gross pay] \$ _____ weekly. every 2 weeks. twice monthly. monthly.
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
- I receive gross monthly income totaling the amount of \$ _____ from
 Pension Social security Unemployment compensation
 Disability Student loans/grants Other: _____
- I have the following cash assets:
 Savings accounts: \$ _____ Cash: \$ _____
 Checking accounts: \$ _____ Money owed me: \$ _____
- I have the following other assets:

- Vehicle-Yr./Make: _____ \$ _____
- Vehicle-Yr./Make: _____ \$ _____
- Other individual assets valued over \$200 each: _____ \$ _____
- Household furnishings: \$ _____
- Equity in real estate: \$ _____

7. My household consists of myself and _____ others:

Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from

<input type="checkbox"/> Wages	<input type="checkbox"/> Social security	<input type="checkbox"/> Relief funded under public assistance	<input type="checkbox"/> Food stamps/FoodShare
<input type="checkbox"/> Pension	<input type="checkbox"/> Student loans/grants	<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Supplemental security income
<input type="checkbox"/> Disability	<input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes	<input type="checkbox"/> Support/maintenance	
<input type="checkbox"/> Other: _____			

9. I have the following debts:	Amount:	Monthly Payment:
a. Mortgage/Rent	\$ _____	\$ _____
b. Auto loan	\$ _____	\$ _____
c. Credit cards	\$ _____	\$ _____
d. Other: _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____

10. I have the following unusual expenses, other than ordinary living expenses:

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

I understand that if my financial situation changes, I must notify the court immediately.

▶ _____
 Signature

 Print or Type Name

 Date of Birth

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

-VS-

**Order on Petition for Waiver of
Fees and Costs**

Case No. _____

This form is available in Spanish and Hmong. <https://www.wicourts.gov/forms1/circuit/index.htm>
Este formulario está disponible en español y hmong.
Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.

THE COURT FINDS AND ORDERS:

Upon reviewing the petition of [Name] _____
for waiver of fees and costs, this petition is

1. **GRANTED** because the court finds the requestor is currently indigent. The action may be commenced or defended without payment of filing fees, including the electronic filing fee. The sheriff shall serve all necessary documents without payment of service fees. The requestor may be required to pay these fees if the court later determines the requestor has the ability to pay.
2. **GRANTED** for waiver of _____. The requestor may be required to pay fees if the court later determines the requestor has the ability to pay.
3. **DENIED** because the court finds the requestor is not indigent, but is currently not able to pay filing or service fees. This action may be filed by the Clerk and all necessary documents may be served by the sheriff without prepayment of fees. Such fees must be paid no later than _____.
4. **DENIED** because the court finds
- requestor is not indigent. the allegation of poverty to be untrue.
 - requestor is a prisoner and is required to use form CV-438 or CV-440.
 - requestor has not stated a meritorious claim, defense, or appeal upon which the court may grant relief:
[Brief explanation] _____
 - Other: _____

DISTRIBUTION:

1. Clerk of Circuit Court

THE DAILY REPORTER

Publishing a Public Notice

- We will need a copy of your court paperwork that includes your current court date and time (if applicable). **PLEASE NOTE:** We do not provide any publication forms at our office. We do not create the content for your publication. We typeset based off the court forms. Be advised that we have a two-day booking schedule with an 11:00 am submission deadline. Please plan accordingly—the sooner we receive your paperwork, the better.
 - For Small Claims: We need the small claims publication summons form (located in room 104 at the courthouse). If you have your original Summons & Complaint with your updated court date and time, we will accept that as well.
 - For Name Changes: We need a copy of the “NOTICE AND ORDER FOR NAME CHANGE HEARING” document.
 - For Probate matters: We need a copy of your “NOTICE TO CREDITORS” (or applicable document).
 - For Family Court Matters: We need a copy of your “NOTICE TO APPEAR,” “NOTICE OF HEARING,” “ORDER TO APPEAR,” or something similar. There are multiple variations used.
 - For all other matters: Please contact us with details regarding the notice you need to place.
- We do require the prepayment for publications (law firms, inquiry accordingly). The cost depends on the type of notice you publish. Quick prices are listed on the next page. Any prices that are not listed, please call for specific details.
- You can submit a copy of your paperwork multiple ways:
 - Dropbox located in room 104 at the courthouse
 - Can pay with check or money order
 - Via Mail to The Daily Reporter 225 E. Michigan St., Ste. 300 Milwaukee, WI 53202
 - Can pay with check or money order
 - Via Email to publicnotices@dailyreporter.com
 - Must pay with card payment via phone
 - IF WE CANNOT READ YOUR HANDWRITING OR THE SCAN IS BLURRY, WE WILL REQUIRE A PHYSICAL COPY

Law firms, if you have questions regarding procedures for your specific firm or account, please email or call.

Hours of Remote Operation—we do not offer walk-in services at this time: Monday – Friday
8:00AM to 4:00PM (hours may vary for our events and summer hours)

Office Mailing Address: The Daily Reporter 225 E. Michigan St., Ste. 300 Milwaukee, WI
53202

Phone: 414-225-1801 Email: publicnotices@dailyreporter.com

Quick Prices – for any prices not listed, please call:

- Small Claims: \$110.00 for one time publication
- Name Change: \$125.00 for once a week for three weeks publication
- Probate/Notice to Creditors: \$140.00 for once a week for three weeks publication
- Divorce: \$190.00 for up to 10 inches in typeset space, \$11.00 per inch after for once a week for three weeks publication.
- Large Claims Summons: \$235.00 for up to 10 inches in typeset space, \$11.00 per inch after for once a week for three weeks publication
- Sheriff's Sale/Foreclosure Sale Notice: \$565.00 for up to 10 inches in typeset space, \$11.00 per inch after for once a week for three weeks publication.