

| | | |
|--|----------------|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): | TELEPHONE NO.: | FOR COURT USE ONLY |
| ATTORNEY FOR (NAME): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 | | |
| IN RE THE PETITION OF | | |
| | | FOR CHANGE OF NAME |
| REQUEST REGARDING NOTICE TO NON-CONSENTING PARENT | | |

- I am the mother father guardian of the minor child whose name I am seeking to change.
- The non-consenting parent's name is: _____
 The non-consenting parent lives in California and I am unable to personally serve the non-consenting parent with the Petition for Change of Name.
 OR
 The non-consenting parent does not live in California and I am unable to personally serve and/or serve the non-consenting parent by first class mail, postage pre-paid and requiring a return receipt with the Petition for Change of Name.
 I am unable to serve them because:

- I can give the non-consenting parent notice by one of the following other methods, and I ask the Court to consider this method of notice sufficient to allow the petition for name change to be granted:
 Email _____
 Publication in this newspaper of general circulation: _____
 Other: _____
- Check here if you need more space. Label a piece of paper "REQUEST REGARDING NOTICE TO NON-CONSENTING PARENT – Attachment 1" and write the additional information on it.

I declare under penalty of perjury that the above information is true and correct.

 (Date and Place signed within the State of California)

 (Signature)