

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
FULL LEGAL NAME (BIRTH NAME) YOUR ADDRESS TELEPHONE NO. YOUR PHONE # FAX NO.: ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W. BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO 92101 BRANCH NAME: HALL OF JUSTICE		
CASE NAME: FULL LEGAL NAME (BIRTH NAME)		
CIVIL CASE COVER SHEET <input checked="" type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)		CASE NUMBER: JUDGE: DEPT:
Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)		

Items 1-6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41)
Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23)	Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26)	Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20)
Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35)	Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38)	Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42)
Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input checked="" type="checkbox"/> Other petition (not specified above) (43)

2. This case is is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties	d. <input type="checkbox"/> Large number of witnesses
b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve	e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. <input type="checkbox"/> Substantial amount of documentary evidence	f. <input type="checkbox"/> Substantial postjudgment judicial supervision

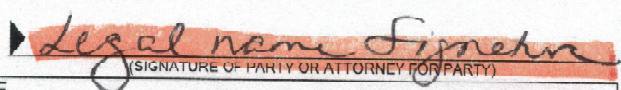
3. Remedies sought (check all that apply): a. monetary b. nonmonetary; declaratory or injunctive relief c. punitive

4. Number of causes of action (specify): 1 CAUSE OF ACTION

5. This case is is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: _____
 FULL LEGAL NAME (BIRTH NAME) _____
 (TYPE OR PRINT NAME)


 (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

PETITIONER OR ATTORNEY (Name, State Bar number, and address): STATE BAR NO. NAME: FULL LEGAL NAME (BIRTH NAME) FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: YOUR EMAIL ADDRESS ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W. BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME: HALL OF JUSTICE PETITION OF (Name of petitioner): FULL LEGAL NAME (BIRTH NAME) <p style="text-align: center;">FOR CHANGE OF NAME AND GENDER</p>	
ORDER TO SHOW CAUSE FOR CHANGE OF NAME	PAGE NUMBER

TO ALL INTERESTED PERSONS:

1. Petitioner (*present name*): FULL LEGAL NAME (BIRTH NAME) has filed a petition with this court for a decree changing petitioner's name to (*proposed name*): NEW NAME
2. THE COURT ORDERS that all persons interested in this matter shall appear before this court at the hearing indicated below to show cause, if any, why the petition should not be granted.

NOTICE OF HEARING

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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b. The address of the court is same as noted above other (*specify*):

3. Other (*specify*):

Date:

JUDGE OF THE SUPERIOR COURT

PETITIONER OR ATTORNEY (Name, state bar number, and address): FULL LEGAL NAME (BIRTH NAME) YOUR ADDRESS TELEPHONE NO.: YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY CASE NUMBER: Clerk will give when filing papers
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W. BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME: HALL OF JUSTICE	
PETITION OF (Name of petitioner): FULL LEGAL NAME (BIRTH NAME) FOR CHANGE OF NAME AND GENDER	
DECREE CHANGING NAME AND GENDER	

1. The petition came regularly for hearing on (date): _____ In Courtroom: _____ of the above-entitled court.

THE COURT FINDS

2. a. All notices required by law have been given.
 b. Each person whose name is to be changed identified in item 3 below
 (1) is not is under the jurisdiction of the Department of Corrections, and
 (2) is not is required to register as a sex offender under section 290 of the Penal Code.
 These determinations were made by using CLETS/CJIS based on information provided to the clerk of the court by a local law enforcement agency.
 c. No objections to the proposed change of name were made.
 d. Objections to the proposed change of name were made by (name):

 e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
 f. Other findings (if any):

whichever applies

THE COURT ORDERS

3. The name of (present name): **FULL LEGAL NAME (BIRTH NAME)** is changed to (new name): **NEW NAME**

THE COURT FURTHER ORDERS

4. The gender of (new name): is changed:
 a. from male to female.
 b. from female to male.

> whichever applies

THE COURT FURTHER ORDERS

5. A new birth certificate shall be issued reflecting the changes in name and gender.

Date:

 JUDGE OF THE SUPERIOR COURT
 SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): STATE BAR NO: NAME: FULL LEGAL NAME (BIRTH NAME) FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME: HALL OF JUSTICE	
PETITION OF (Name): FULL LEGAL NAME (BIRTH NAME)	
PETITION FOR CHANGE OF NAME AND GENDER	
CASE NUMBER:	

Before you complete this petition, you should read the instructions for Filing a Petition for Change of Name and Gender on the next page. You must answer all questions and check all boxes that apply to you on this petition. You must file this petition in the superior court of the county where the person whose name is to be changed resides.

1. Petitioner (*present name*): FULL LEGAL NAME (BIRTH NAME) is a resident of this county.
2. Petitioner requests that the court decree that petitioner's name is changed to (*proposed name*): NEW NAME
3. Petitioner requests a decree that the petitioner's gender is changed.
 - a. from male to female.
 - b. from female to male. *whichever applies*
4. An affidavit or a declaration of a physician documenting the gender change through clinically appropriate treatment as provided under Health and Safety Code sections 103425 and 103430 is attached to this petition. (Declaration of Physician (*form NC-210*) may be used for this purpose.)
5. Petitioner requests that the court order that a new birth certificate be issued reflecting the gender and name changes sought by this petition.
6. Petitioner requests that the court issue an order directing all interested persons to appear and show cause why the petition for change of name should not be granted.
7. Petitioner provides the following information in support of this petition:
 - a. The information contained in the physician's affidavit or declaration.
 - b-f. The information contained in the attachment (*attach a completed copy of the attachment Name and Information About the Person Whose Name Is to Be Changed (form NC-110)*).

(Instructions on next page)

(Staple to NC-200)

NC-210/NC-310

PETITION OF (Name): FULL LEGAL NAME (BIRTH NAME) YOUR DOB	CASE NUMBER:
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Page 1 of 1

**DECLARATION OF PHYSICIAN
 DOCUMENTING CHANGE OF GENDER THROUGH CLINICALLY APPROPRIATE TREATMENT
 UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-300)

This needs to be filled out by your doctor. It must say these EXACT words!

"I, (doctor's full name), (doctor's license #), am a licensed physician in (location where doctor is licensed). I attest that (your name), born (full legal birth name), has undergone clinically appropriate treatment for change of (gender) to (gender). I declare that the foregoing is true and correct to the best of my knowledge.

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date:

NAME OF DOCTOR
 (TYPE OR PRINT NAME OF PHYSICIAN)

Signature of Doctor
 (SIGNATURE OF PHYSICIAN)

PETITION OF (Name of petitioner or petitioners): FULL LEGAL NAME

CASE NUMBER.

FOR CHANGE OF NAME

NAME AND INFORMATION ABOUT THE PERSON WHOSE NAME IS TO BE CHANGED

Attachment of

Attachment to Petition (form NC-100 or form NC-200)

(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

b. [x] Self [] Other

(1) Present name (specify): FULL LEGAL NAME (BIRTH NAME)

(2) Proposed name (specify): NEW NAME

(3) Born on (date of birth): YOUR DOB

and presently [] under 18 years of age [x] over 18 years of age

(4) Born at (place of birth): YOUR PLACE OF BIRTH

(5) Sex (as stated on original birth certificate): [] Male [] Female

(6) Current residence address (street, city, county, and zip code): YOUR ADDRESS

c. Reason for name change (explain): IN RELATION TO MY GENDER IDENTITY

d. Relationship of the petitioner to the person whose name will be changed:

(1) [x] self

(4) [] near relative (indicate relationship):

(2) [] parent

(5) [] Other (specify):

(3) [] guardian

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

(1) Father (name): (address):

(2) Mother (name): (address):

(3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

DECLARATION

I declare under penalty of perjury under the laws of the State of California that [] I am not [] I am under the jurisdiction of the California Department of Corrections (in state prison or on parole) and [] I am not [] I am required to register as a sex offender under Penal Code section 290.

Date:

FULL LEGAL NAME (BIRTH NAME) (TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)

Legal name signature (SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date:

FULL LEGAL NAME (BIRTH NAME) (TYPE OR PRINT NAME)

Legal Name Signature (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

[] ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

[] SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT