

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<b>FOR COURT USE ONLY</b>
Parent 1 Name & Parent 2 Name, on behalf of minor (child's full legal birth name) <b>MAILING ADDRESS</b>		
TELEPHONE NO.: <b>YOUR PHONE #</b>	FAX NO.:	
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b>		
STREET ADDRESS: <b>330 W. BROADWAY</b>		
MAILING ADDRESS:		
CITY AND ZIP CODE: <b>SAN DIEGO 92101</b>		
BRANCH NAME:		
CASE NAME:		
Parent 1 & Parent 2 Names, on behalf of minor (full legal birth name)		
<b>CIVIL CASE COVER SHEET</b>		CASE NUMBER:
<input checked="" type="checkbox"/> <b>Unlimited</b> (Amount demanded exceeds \$25,000)	<input type="checkbox"/> <b>Limited</b> (Amount demanded is \$25,000 or less)	JUDGE:
<b>Complex Case Designation</b>		DEPT:
<input type="checkbox"/> <b>Counter</b> <input type="checkbox"/> <b>Joinder</b>		
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:

<p><b>Auto Tort</b></p> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <p><b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b></p> <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) <p><b>Non-PI/PD/WD (Other) Tort</b></p> <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) <p><b>Employment</b></p> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<p><b>Contract</b></p> <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) <p><b>Real Property</b></p> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <p><b>Unlawful Detainer</b></p> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <p><b>Judicial Review</b></p> <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)	<p><b>Provisionally Complex Civil Litigation</b> (Cal. Rules of Court, rules 3.400-3.403)</p> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (10) <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) <p><b>Enforcement of Judgment</b></p> <input type="checkbox"/> Enforcement of judgment (20) <p><b>Miscellaneous Civil Complaint</b></p> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <p><b>Miscellaneous Civil Petition</b></p> <input type="checkbox"/> Partnership and corporate governance (21) <input checked="" type="checkbox"/> Other petition (not specified above) (43)
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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: \_\_\_\_\_

One parent's name and matching signature	
(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.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): STATE BAR NO: NAME: Parent 1 Name & Parent 2 Name, on behalf of minor (full legal birth name) FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: YOUR EMAIL ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 WEST BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME:	
PETITION OF (Name): Parent 1 Name & Parent 2 Name, on behalf of minor (full legal birth name)	
<b>PETITION FOR CHANGE OF NAME AND GENDER</b>	CASE NUMBER: COURT FILLS THIS OUT

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 BIRTH NAME OF CHILD is a resident of this county.
2. Petitioner requests that the court decree that petitioner's name is changed to (proposed name): FULL 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): Parent 1 & 2 Names, on behalf of minor (full legal name)	CASE NUMBER:
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**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)

Date  
 To Whom It May Concern,

I, (doctor's name), (California license number, DEA number), am the attending physician of (minor's legal name) (asserted name) (DOB), with whom I have a doctor/patient relationship. (Preferred name) was born a natal (assigned gender at birth), but has undergone clinically appropriate treatment for gender transition, and should be considered (gender) in all respects. I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

use exact words

Sworn to this \_\_\_\_ day of (Month, Year) in (City).

Please feel free to contact me with any questions or concerns regarding this patient.

Sincerely,

*Signature*

Dr. Name

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:

DOCTOR'S FULL NAME

(TYPE OR PRINT NAME OF PHYSICIAN)

*Doctor Signature*

(SIGNATURE OF PHYSICIAN)



PETITION OF (Name of petitioner or petitioners): Parent 1 Name & Parent 2 Name, on behalf of minor (full legal birth name) FOR CHANGE OF NAME

CASE NUMBER: COURT FILLS OUT

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. [ ] Self [x] Other

(1) Present name (specify): CHILD'S FULL LEGAL BIRTH NAME

(2) Proposed name (specify): FULL NEW NAME

(3) Born on (date of birth): CHILD'S DOB

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

(4) Born at (place of birth): CITY AND STATE

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

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

c. Reason for name change (explain): NAME CHANGE IS REQUESTED TO REFLECT GENDER IDENTITY

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

(1) [ ] self

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

(2) [x] 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): NAME

(address): CURRENT MAILING ADDRESS

(2) Mother (name): NAME

(address): CURRENT MAILING 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:

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

(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:

PARENT 1 FULL NAME

(TYPE OR PRINT NAME)

Parent 1 Signature (SIGNATURE OF PETITIONER)

Date:

PARENT 2 FULL NAME

(TYPE OR PRINT NAME)

Parent 2 Signature (SIGNATURE OF PETITIONER)

[ ] ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

[ ] SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT



PETITIONER OR ATTORNEY (Name, state bar number, and address): Parent 1 Name & Parent 2 Name, on behalf of minor (child's full legal birth name) MAILING ADDRESS  TELEPHONE NO.: PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): YOUR EMAIL ATTORNEY FOR (Name):	FOR COURT USE ONLY          CASE NUMBER: Court will fill in this space
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 WEST BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO 92101 BRANCH NAME:	
PETITION OF (Name of petitioner): Parent 1 Name & Parent 2 Name, on behalf of minor (child's full legal birth name)  FOR CHANGE OF NAME AND GENDER  <b>DECREE CHANGING NAME AND GENDER</b>	

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): CHILD'S FULL LEGAL BIRTH NAME  
 is changed to (new name): CHILD'S 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



PETITIONER OR ATTORNEY (Name, State Bar number, and address): STATE BAR NO: NAME: Parent 1 Name & Parent 2 Name, on behalf of minor (full legal birth name) FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # 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 92101 BRANCH NAME:	
PETITION OF (Name of petitioner): Parent 1 Name & Parent 2 Name, on behalf of minor (full legal birth name) FOR CHANGE OF NAME AND GENDER	
<b>ORDER TO SHOW CAUSE FOR CHANGE OF NAME</b>	CASE NUMBER: COURT FILLS OUT

**TO ALL INTERESTED PERSONS:**

1. Petitioner (*present name*): CHILD'S FULL LEGAL BIRTH NAME has filed a petition with this court for a decree changing petitioner's name to (*proposed name*): CHILD'S FULL 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