

ADULT NAME CHANGE

This packet will show you how to change your name. It has four steps:



Step One: Start Your Case



Step Two: What to do Before Court



Step Three: What to do in Court



Step Four: What to do After Court

This document is not legal advice. It only gives general information about how to change your name. If you have questions about your specific situation or want to apply for legal assistance, contact Indiana Legal Services at 317-829-3180 or lgbtgroup@ilsil.net.



Step One: How to Start Your Case



This step will show you how to start your court case. The next step will show you what you need to do before your hearing. In this part:

1. We will show you what forms you need to review and sign.
2. We will tell you how to start your legal case in court.

1: Review and Sign Forms

This packet has all the legal forms you need to change your name. The forms you need to sign are marked with . The rest of the forms are for the judge.

Forms everyone needs to sign:

- Appearance by Self-Represented Party
- Name Change Petition

Forms some people need sign:

- Affidavit of Indigency and Request for Fee Waiver (if you qualify)
- Verified Request to Prohibit Public Access

We will help you figure out if you need these forms later.



Step One: How to Start Your Case



The first page of each form has a box on the top called a caption. You should fill out the county information and your legal name on each form but leave the case number blank like this:

STATE OF INDIANA COUNTY OF <u>MONROE</u> <small>(county you live in)</small> IN RE THE CHANGE OF NAME OF: <u>Ashley Crystal Smith,</u> <small>(current legal name)</small> Petitioner	IN THE <u>MONROE</u> COUNTY COURT <small>(county you live in)</small> Case Number:
---	---

You should fill out the rest of the paperwork like this:

Current legal name

The name that is on your IDs that you want to change from.

Mailing Name

The name you want the court to use when mailing you documents.

Signature:

You need to sign the paperwork in your legal name.

Judicial Officer

Leave this blank. It is for the judge to sign.

Checkboxes

Check any box that applies to you. If none of the boxes apply, check "other" and then explain.

1. My petition is made in good faith and not for fraudulent purposes. I want to change my name to <u>Aiden Michael Smith</u> <input checked="" type="checkbox"/> So that my name matches my gender identity and presentation <input type="checkbox"/> Other _____ _____
--





Step One: How to Start Your Case



The next 5 pages are forms for everybody.

You need to sign:

-  Appearance by Self-Represented Party
-  Name Change Petition

Forms for the Judge:

- Order Setting Hearing
- Name Change Order

STATE OF INDIANA

IN THE _____ COUNTY COURT

(county you live in)

COUNTY OF _____

(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,

(current legal name)

Petitioner

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

1. My current legal name is _____
and I am initiating this case and am representing myself.
2. My contact information for receiving legal service of documents and case information is
required by Court Rules:

Mailing Address:

Email Address: _____

Phone: _____

Fax: _____

3. This is a MI case type as defined in Administrative Rule 8(B)(3).

Date

Signature

Printed Legal Name

STATE OF INDIANA

IN THE _____ COUNTY COURT

(county you live in)

COUNTY OF _____
(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)

Petitioner

VERIFIED PETITION FOR CHANGE OF NAME

I, _____ respectfully petition
(current legal name)

this Court to change my name, pursuant to Indiana Code §34-28-2-1. In support of this petition,

I state:

1. My current legal name is _____.

2. My date of birth is _____.

3. My current residential and mailing address is:

4. ☐ My Indiana identification card/ driver's license number is _____.

☐ I do not have an Indiana Identification card or driver's license.

5. ☐ I have not been known by any other legal names.

☐ Previously, my legal name was _____

and was changed to my current legal name via ☐ marriage ☐ adoption ☐ other

6. I was born in _____ and am a United States Citizen.
(City, State)

7. ☐ I do not hold a valid US passport
☐ My passport number is _____.
8. I have never been convicted of a felony.
9. I am not a registered sex or violent offender who is barred by I.C. § 11-8-8-16(a) from changing my name.
10. My petition is made in good faith and not for fraudulent purposes. I want to change my name to _____
☐ So that my name matches my gender identity and presentation ☐ Other

THEREFORE, I respectfully request that this Court grant my Petition for Change of Name, and for all other just and proper relief.

I affirm under penalties for perjury that the foregoing representations are true to the best of my knowledge and belief.¹

Date

Signature (Legal Name)

Printed Legal Name

¹ Notarization is not required under Trial Rule 11(B). Trial Rule 1 provides that the trial rules, not Indiana Statutes, govern procedure and practice in all civil suits. See also *Yang v. Stafford*, 515 N.E.2d 1157 (Ind. Ct. App. 1987).

STATE OF INDIANA

IN THE _____ COUNTY COURT

(county you live in)

COUNTY OF _____

(county you live in)

Case Number:

**IN RE THE CHANGE OF
NAME OF:**

_____,
(current legal name)

Petitioner

ORDER SETTING HEARING

The Court, having considered Petitioner's Verified Petition for Change of Name filed in this matter, now sets the matter for hearing on _____
for _____ of the Court's time.

ORDERED _____

JUDICIAL OFFICER

Distribution:

(mailing name)

Mailing Address:

STATE OF INDIANA

IN THE _____ COUNTY COURT

(county you live in)

COUNTY OF _____
(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)

Petitioner

**ORDER ON VERIFIED PETITION FOR
CHANGE OF NAME**

The Court, having reviewed the Verified Petition for Change of Name and the evidence presented at the hearing now finds:

1. Petitioner has followed all requirements of Indiana Code § 34-28-2 *et seq.* for change of name and is not statutorily barred from a legal name change.

2. Petitioner's date of birth is _____.

3. Petitioner's current legal name is _____.

Petitioner's former legal name was

_____.

IT IS THEREFORE ORDERED that Petitioner's Petition for Change of Name is GRANTED.

Petitioner's legal name is hereby changed to _____.

IT IS FURTHER ORDERED that all agencies and institutions issuing the Petitioner identity documents are directed to amend such documents consistent with this order, including but not limited to the Indiana State Department of Health and its subdivisions.

ORDERED _____

JUDICIAL OFFICER



Step One: How to Start Your Case



The next 3 pages are forms for a fee waiver.

What do these forms do?

These documents ask the judge to let you start your case for free. It costs \$157 to start this type of legal case. But Judges can waive the fee for people who can't afford to pay it.


Do I need these forms?

If you can't afford to pay \$157 to start your case, you need these forms.

If you can pay \$157, you skip this section.

What is in this section?

You need to sign:

 Affidavit of Indigency and Request for Fee Waiver

Form for the Judge:

- Order on Fee Waiver Request

STATE OF INDIANA

IN THE _____ COUNTY COURT

COUNTY OF _____

(county you live in)

(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)

Petitioner

AFFIRMATION OF INDIGENCY AND REQUEST FOR FEE WAIVER

I, _____ state:
(current legal name)

1. I intend to file a Petition for Change of Name and Gender and I believe that I have a case with merit.
2. I cannot afford the fees and costs associated with this action.
3. I live with _____ people who are over the age of 18 and _____ people under 18.
4. I am financially responsible for _____ people.
5. My household's total monthly income is \$_____. My household income is:

Income Source	Monthly Amount
Employment	
\$_____/hour x _____ hours a month	\$_____
Unemployment	\$_____
AFDC/TANF Benefits	\$_____
SSI/SSD Benefits	\$_____
Child Support	\$_____
Other (please describe)	\$_____

6. I only have \$_____ in the bank.

7. My total monthly expenses are \$_____.

My household expenses are:

<u>Expense</u>	<u>Monthly Amount</u>
Housing (rent, contract, mortgage)	\$_____
Utilities (gas, elective, water, phone, etc)	\$_____
Food	\$_____
Child Care	\$_____
Medical Bills	\$_____
Transportation	\$_____
Insurance	\$_____
Child Support	\$_____
Other (please describe)	\$_____

8. There is no other party to serve.

9. Based on the above, I request that the Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under penalties for perjury that the foregoing representations are true to the best of my knowledge and belief.

Date

Signature

Printed Legal Name

STATE OF INDIANA

IN THE _____ COUNTY COURT

(county you live in)

COUNTY OF _____

(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,

(current legal name)

Petitioner

ORDER ON FEE WAIVER

The Court, having reviewed Petitioner's Verified Affidavit of Indigency, issues the following Order:

1. Petitioner has complied with I.C. § 33-37-3-2(a) and may file this Case without the pre-payment of any filing fees, costs, security, bond, or other expenses.
2. The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

ORDERED _____

Date

JUDICIAL OFFICER

Distribution:

(mailing name)

Mailing Address:



Step One: How to Start Your Case



The next 11 pages are forms to make your case private.

What do these forms do?

Name changes have to be published in a newspaper and the court records are public. But judges can make your case private to protect your safety.

Do I need these documents?

Yes, if you are afraid that having your name change in a newspaper or having everyone see all these documents could put you in harm's way.

Common reasons for asking to make your case private are:

- You are trans and think it would be unsafe to be outed.
- You have experienced domestic or family violence and are afraid of a specific person (or people) knowing your new name or address.

You need to sign:

 Verified Request to Prohibit Public Access

Documents for the Judge:

- Exhibit A: Memorandum of Law
- Public Notice of Hearing (this goes in the courthouse, not in the newspaper)
- Order on Verified Request to Prohibit Public Access

If you think you will be fine having your case public, skip this section.

STATE OF INDIANA

IN THE _____ COUNTY COURT

COUNTY OF _____
(county you live in)

(county you live in)

Case Number:

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)

Petitioner

**VERIFIED REQUEST TO PROHIBIT PUBLIC ACCESS PURSUANT TO RULES ON
ACCESS TO COURT RECORDS**

I, _____ respectfully petition
(current legal name)
this Court to seal the record of my name and gender marker change proceeding, permanently prohibiting
Public Access to the entire court record and waiving the publication requirement of Indiana Code § 34-
28-2-3(a) pursuant to Indiana Access to Court Records Rule 6. In support of this request, I state:

1. I am ☐ transgender ☐ gender non-conforming ☐ nonbinary ☐ _____ and
am seeking to change my gender to accurately reflect my gender identity and presentation.
2. Along with that petition, I am submitting this request, in accordance with Rule 6 of the
Indiana Access to Court Records Rules (“A.C.R.”), asking that this case be excluded from
public access.
3. I am making this request so I can avoid harm from the widespread publication of my request
to change my name and to protect my confidential health information, privacy, and safety.
4. I believe that having my case publicly available puts me at substantial risk of harm and
presents a significant risk that I could be targeted by acts of discrimination or violence based
on my gender identity and/or by being outed as transgender.
5. I am aware of the high rates of violence, discrimination, and invasion of privacy against
transgender and gender non-conforming people in Indiana and nationwide and I fear that if

the public knows I am transgender, I will personally experience violence, discrimination and an invasion of my privacy.

6. I fear that if someone could find my gender change request and address on-line, that I could be targeted for discrimination and/or violence based on my gender identity.

7. I also fear for my safety because of my personal experience with violence and discrimination.

I have personally suffered ☐ physical harm ☐ discrimination ☐ harassment ☐ bullying

☐ threats of violence ☐ other_____

because of my gender identity and presentation

8. I am attaching a Memorandum of Law in Support of Rule 9 Request prepared by Indiana Legal Services an Exhibit.

9. There are no other parties or interested persons to this action.

WHEREFORE, I respectfully that pursuant to Access to Court Records Rule 6 and 5, this case be excluded from public access by sealing the record of this proceeding and by waiving the publication requirements of Indiana Code § 34-28-2-3(a)..

I affirm under penalties for perjury that the foregoing representations are true to the best of my knowledge and belief.

Date

Signature

Printed Legal Name

MEMORANDUM OF LAW IN SUPPORT OF
VERIFIED REQUEST TO PROHIBIT PUBLIC ACCESS AND/OR WAIVE
PUBLICATION PURSUANT TO RULES ON ACCESS TO COURT RECORDS

1. This memorandum of law was drafted by Indiana Legal Services' LGBT Project to support self-represented litigants who fear for their safety to a request pursuant to the Rules on Access to Court Records¹ to waive publication and sale the records of their case.
2. Name change cases are subject to the public access rules containing in Indiana Rules of Court Administration 9. Ind. Code § 34-28-2-2.5(b).
- I. HAVING TO PUBLISH NOTICE IN A NEWSPAPER AND HAVING THEIR CASE PUBLICLY AVAILABLE PUTS PETITIONER AT SUBSTANTIAL RISK OF HARM.**
3. The Court of Appeals is clear that the evidence of heightened risk of harassment, violence, and homicide to transgender individuals nationally and in Indiana is enough to demonstrate significant risk of harm warranting prohibiting public access. *In re Name Change of M.E.B.*, 19A-MI-118 at ¶ 11 (June 21, 2019).
4. The purpose of the Access to Court Records Rule is, among other things, to minimize an individual's risk of injury. The Commentary to the Rule recognizes "that unrestricted access to certain information in Court Records could result in an unwarranted invasion of personal privacy or unduly increase the risk of injury to individuals and businesses." Ind. Access to Court Records 1, cmt. ". . . The goal of the Rules on Access to Court Records is proactive; it seeks to *prevent* harm. To force petitioners to wait until they have already experienced that harm would vitiate the purpose of the rule." *Id.*; accord *In Re K.H.*, 127 N.E.3d 257 (Ind. Ct. App. 2019)
5. A.C.R. Rule 6 requires Judges to look at the totality of the circumstances to evaluate if a substantial risk of harm exists and to proactively protect applicants' safety. Rule 6 does not require that Plaintiff endure targeted threats, violence, or abuse before granting temporary and permanent

¹ The Access to Court Records Rules replaced Administrative Rule 9 on January 1, 2020. Rules on Access to Court Records moved portions of Administrative Rule 9 and placed them in a more organized manner. A.C.R. Rule 6 is Administrative Rule 9(G)(4) without change.

sealing and a publication waiver. *In Re M.E.B.*, 126 N.E.3d 932 at 934 (Ind. Ct. App. 2019); *In Re K.H.*, 127 N.E.3d 257 (Ind. Ct. App. 2019)

6. Part of the circumstances to consider is the reality that transgender people are disproportionately impacted by violence and homicide. The United States is the third most deadly country for trans people.
7. Between 2013 and 2015, hate crimes against transgender people increased 239 percent, with LGBT people more likely than any other minority group to experience hate crimes in the United States. Haeyoung Park and Iaryna Mykhyalyshyn, *L.G.B.T. People Are More Likely to Be Targets of Hate Crimes Than Any Other Minority Group*, N.Y. TIMES, June 16, 2016.
8. The systemic violence transgender people experience neither begins nor ends with hate crimes, physical assault or homicide. Transgender people are more likely than the general population to experience discrimination, harassment, and violence in every facet of life, including family relations, education, employment, housing, public accommodations, obtaining accurate identification documents, and accessing adequate and appropriate medical treatment. . *See e.g.* James *et al.*, *The Report of the 2015 U.S. Transgender Survey* (2016), available at <http://www.ustranssurvey.org/reports/>; National Coalition of Anti-Violence Programs, *A Report from the National Coalition of Anti-Violence Programs: Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2013* (2014), available at http://avp.org/wp-content/uploads/2017/04/2013_ncavp_hvreport_final.pdf; Jaime M. Grant *et al.*, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey 2* (2011), available at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf.
9. This is no less true in the state of Indiana. A survey of transgender people in Indiana conducted in conjunction with the National Transgender Discrimination Survey found that 73% of respondents reported harassment in their K-12 school; and 27% reported physical assault. National Center for Transgender Equality and the National Gay and Lesbian Task Force, *Findings of the National*

Transgender Discrimination Survey: Indiana Results (2015), available at [http://www.transequality.org/sites/default/files/docs/usts/USTSINStateReport% 281017%29.pdf](http://www.transequality.org/sites/default/files/docs/usts/USTSINStateReport%281017%29.pdf).

10. In another study of Transgender Hoosiers, 74% of respondents reported experiencing harassment or mistreatment on the job. Christy Mallory and Brad Sears, *Employment Discrimination Based on Sexual Orientation and Gender Identity in Indiana*, August 2017, available at https://williamsinstitute.law.ucla.edu/research/in_discrimination_aug_2017/.
11. In 2016, an Indiana transgender woman was shot in the face while their attacker yelled anti-transgender sentiments. *Alleged Hate Group Member Charged in Shooting of Trans Woman in Indiana*, The Advocate (July 17, 2016), available at <http://www.advocate.com/transgender/2016/7/17/alleged-hate-group-member-charged-shooting-trans-woman-indiana>. Across the nation, violence against transgender individuals is on the rise. Maggie Astor, *Violence Against Transgender People Is on the Rise, Advocates Say*, N.Y. TIMES, Nov. 9, 2017.
12. Though the data on violence is staggering, the actual violence against transgender people is likely much worse, due to the underreporting of crimes. *See. E.g.* Lucas Waldron, *Deadnamed: The way cops in Jacksonville and other jurisdictions investigate the murders of transgender women adds insult to injury and may be delaying justice*, available at <https://www.propublica.org/article/deadnamed-transgender-black-women-murders-jacksonville-police-investigation>; Emma Keith et. al, *Lack of trust in law enforcement hinders reporting of LBGTQ crimes*, available at <https://www.publicintegrity.org/2018/08/24/22138/lack-trust-law-enforcement-hinders-reporting-lbgtq-crimes>.
13. The Court of Appeals is clear that these significantly higher rates of discrimination, harassment, and violence experienced by transgender people as compared to cisgender people (people who are not transgender) is enough to satisfy that there was clear and convincing evidence that the

Petitioner would face a significant risk of substantial harm if their transgender status was disclosed to the public. *In re Name Change of A.L.*, 81 N.E.3d 283, 291 (2017).

14. The Court of Appeals rejected the trial court's reasoning that Rule 9 was not applicable because the petitioner had not shown they were subjected to any specific threats or violence because of their gender identity. *Id.* At 290-91. Trial courts have no jurisdiction to disregard appellate precedent. *Cf. Ross v. State*, 877 N.E.2d 829, 835 (Ind. Ct. App. 2007) (appellate precedent is binding on trial courts), *trans. denied*.
15. There—on an evidentiary record substantively identical to that submitted here—the court found that the significant risk of harm came from the general public being able to access, on the internet, in perpetuity, information about petitioner being transgender.² *Id.*

II. COURT DOCUMENTS IDENTIFY PETITIONER AS TRANSGENDER, WHICH UNLAWFULLY DISCLOSES CONFIDENTIAL MEDICAL INFORMATION IN VIOLATION OF A.C.R. 5(A)(1).

16. A.C.R. Rule 5(A)(1) mandates that records declared confidential by Indiana statute or court rule must be excluded from public access. Both medical and mental health records are confidential and protected from public disclosure.
17. That Petitioner's is transgender is protected medical information. I.C. § 16-39-3-10 declares a patient's "mental health record or testimony related to a patient's mental health" offered in a legal proceeding to be a confidential court record.
18. Gender transitions involve both physical and social elements. Social elements, such as wearing clothing more readily associated with a specific gender, changing one's name and updating their identity documents to reflect their experienced sex, are therapeutic treatments for the psychological treatment of gender dysphoria. STANDARDS OF CARE FOR THE HEALTH OF TRANSSEXUAL,

²A publication notice in a local newspaper lives on past the three weeks in which it is published. All public notices published in Indiana are archived and searchable through the Hoosier State Press Association. Indiana Public Notice Search, available at <http://www.indianapublicnotices.com/>. Once publication is made or the court file accessed, it cannot be undone.

TRANSGENDER, AND GENDER-NONCONFORMING PEOPLE, WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (7th ed. 2011), *available at* <https://www.wpath.org/publications/soc>.

19. The records in this case constitute protected health records that Indiana law requires trial courts to keep confidential. *See* Ind. Code § 16-39-3-10 (a “mental health record or testimony related to a patient’s mental health” offered in a legal proceeding is a confidential court record). Trial courts have no discretion, and therefore no jurisdiction, to order such records be made publicly available. *E.g. Groth v. Pence*, 67 N.E.3d 1104, 1112 (Ind. Ct. App. 2017) (“as a matter of law,” records declared confidential by statute “shall not be disclosed”), *trans. denied*.

III. BEING OUTED AS TRANSGENDER VIOLATES PETITIONER’S PRIVACY INTERESTS PROTECTED BY THE ACCESS TO COURT RECORDS RULES AND THE 4TH AMENDMENT OF THE US CONSTITUTION.

20. The purpose of the Rules on Access to Court Records is, among other things, to protect the privacy interests of litigants. The Commentary to the Rule recognizes “that unrestricted access to certain information in Court Records could result in an unwarranted invasion of personal privacy or unduly increase the risk of injury to individuals and businesses.” Ind. Access to Court Records Rule 1, cmt.
21. Petitioner has a fundamental right of privacy in preventing the release of their highly personal and intimate medical and mental health information and in deciding under what circumstances to release information that has a statistically significant likelihood to subject them to substantial harm. *Whalen v. Roe*, 429 U.S. 589, 599-600 (1977); *Nixon v. Adm’r of Gen. Servs.*, 433 U.S. 425, 464-65 (1977) (instructed that intrusions on legitimate informational privacy expectations must be weighed against the public interest in accessing that information); *NASA v. Nelson*, 562 U.S. 134, 138 (2011) (reaffirming *Nixon* balancing test); *Denius v. Dunlap*, 209 F.3d 944, 956 (7th Cir. 2000) (holding 4th Amendment right to informational privacy protects the “clearly established ‘substantial’ right in the confidentiality of medical information that can only be overcome by a sufficiently strong state interest”).

22. The United States Supreme Court has recognized that a constitutional right to information privacy protected by the 4th Amendment applies to the states under the 14th Amendment. *Whalen v. Roe*, 429 U.S. 589, 599-600 (1977). This constitutional right to privacy means one has a venerable right “not to have intimate facts concerning one’s life disclosed without one’s consent.” *Bartnicki v. Vopper*, 200 F.3d 109, 122 (3d Cir. 1999). In fact, “the more intimate or personal the information, the more justified is the expectation that it will not be subject to public scrutiny.” *Fraternal Order of Police v. City of Philadelphia*, 812 F.2d 105, 112 (3d Cir. 1987). This right to privacy has been deemed by Federal Courts to include an individual’s gender identity. *See Powell v. Schriver*, 175 F.3d 107 (2d Cir. 1999).
23. Denying Petitioner’s Access to Court Records request would make public the fact that Petitioner is pursuing therapeutic treatment for their gender dysphoria and reveal medical and mental health information to a large number of disinterested persons with no legitimate interest in that information, in violation of the 14th Amendment to the United States Constitution, I.C. § 16-39-3-10, and the purpose of the Access to Court Records Rule.

Prepared in January 2020 for use by pro se parties by:
LGBT Law Project
Indiana Legal Services
lgbtgroup@ilsnet

STATE OF INDIANA

COUNTY OF _____

(county you live in)

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)

Petitioner

IN THE _____ COUNTY COURT

(county you live in)

Case Number:

**ORDER SETTING HEARING ON PETITIONER'S VERIFIED REQUEST TO EXCLUDE
CASE FROM PUBLIC ACCESS**

PUBLIC NOTICE OF HEARING

Please take notice: Petitioner filed a Verified Written Request for Sealing the Record pursuant to the Rules on Access to Court Records and requested that the Court enter an Order excluding the entire case from public access. The Court, having duly examined said motion, hereby sets the matter for hearing on the matter for hearing on _____ for _____ of the Court's time.

ORDERED _____

Dated _____

STATE OF INDIANA

COUNTY OF _____
(county you live in)

IN RE THE CHANGE OF
NAME OF:

_____,
(current legal name)
Petitioner

IN THE _____ COUNTY COURT

(county you live in)

Case Number:

**ORDER ON REQUEST TO PROHIBIT PUBLIC ACCESS PURSUANT TO RULES ON
ACCESS TO COURT RECORDS**

Following a hearing on the matter, held on _____, the Court now issues the following Findings and Order:

1. Petitioner has demonstrated by clear and convincing evidence that the requirement of Indiana Rules on Access to Court Records 6(A) are met.
2. Petitioner demonstrated that the personal safety interests served by prohibiting public access to the entire court record of this case outweigh the public access interests served by the Rules on Access to Court Records.
3. Permanently prohibiting Public Access to the entire court record is the least restrictive means and duration to protect Petitioner's personal safety.

WHEREFORE IT IS ORDERED that Public access to the all documents that comprise the entire court record under this case number is permanently prohibited and all Public access to all further proceedings under this case number is prohibited.

IT IS FURTHER ORDERED that the publication requirements of Indiana Code §34-28-2-3(a) are waived.

ORDERED _____

JUDICIAL OFFICER

Distribution:

(mailing name)

Mailing Address:



Step One: How to Start Your Case



The next 1 page is a form for publishing in a newspaper.

What does this form do?

Name changes have to be published in a newspaper. This form tells the newspaper what should be published.

Do I need these forms?

Yes, if you are not asking for your case to be private.

If you are asking for your case to be private, skip this section.

What is in this section?

Form for the Court:

- Notice of Name Change

STATE OF INDIANA

COUNTY OF _____
(county you live in)

**IN RE THE CHANGE OF
NAME OF:**

_____,
(current legal name)
Petitioner

IN THE _____ **COUNTY COURT**
(county you live in)

Case Number:

NOTICE OF PETITION FOR CHANGE OF NAME

Notice is given that I have filed a Petition for a Change of Name in the _____

County Court and that said petition will be heard by the Court on

_____. Any person has the right to appear
at the hearing and file an objection.

Clerk



Step One: How to Start Your Case



2: Start your case in court

Now that you signed the legal paperwork, you need to bring it to court to start your case.

Bring all the documents in this packet to the County Clerk's office. The clerk's office is in the Courthouse Building. A list of clerk's offices is at <https://www.in.gov/courts/files/court-directory.pdf>.

If you are paying to start your case, bring \$157. You can pay the \$157 fee by credit card, cash, or money order.

After you file the forms, the clerk will tell you when your hearing is.

They may tell you when you start your case, or they may let you know by mail or email. When they tell you the date and time, they will also tell you what court your case is in.

The court will also let you know if your hearing will be in person, over video, or on the phone.

The courtroom will be written on your hearing notice. It will usually be a Circuit or Superior court and may have a number. If a court has more than one room, your hearing notice should tell you which one to go to.

My case court date is: _____, 20____ at ____:____ am/pm

My case number is: _____

My courtroom is: _____



Step Two: What to do Before Court



You started your case and have a hearing date. This part shows you what you need to do before your hearing. The next part will show you what to do on your court date. In this part:

1. We will tell you what documents to gather.
2. We will tell you if and how to publish in a newspaper.

1: Gather Documents

You need to bring these documents to court:

- ☐ Indiana photo ID
- ☐ Original or certified copy of Birth Certificate
- ☐ US passport, if you have one
- ☐ Proof of previous names (like marriage certificates or divorce decrees)

Some Judges want a letter from a doctor. This is NOT required. If you see a doctor, you can decide if you want to bring a letter to give to the judge. If you are not okay giving medical info or you are not medically transitioning, tell the judge that.

2: Publish in a newspaper

If you asked for your case to be private, skip this step.

If you didn't ask for your case to be private, you need to place an ad in a newspaper ASAP. The ad must be in the paper for three weeks, with the last ad at least 30 days before your hearing.

The clerk will have stamped a Notice of Petition for Change of Name when you filed your case. This is what needs to be published in the newspaper.

The clerk will tell you what newspaper the ad should be in. To place an ad and to find out how much publication costs, call the newspaper.

After the ad is in the paper, the newspaper will send you proof of publication. Keep this and give it to the Judge.



Step Two: What to do Before Court



Here are answers to some questions people have about court:

What should I wear?

You should wear something that isn't too casual but makes you feel comfortable and confident. You can't wear hats in the courtroom.

What name and pronoun will the judge use?

It depends. The court case is in your dead name, but some judges try to avoid using your old name or pronouns. A few judges ask what your pronouns are. Other judges do not think about it and will use your dead name.

I live in Marion County. What does this Order for Documents mean?

The Order for Documents you got is automatically given to everyone. The paperwork we gave you has a request to keep the records private. This means you don't need to publish anything before your hearing.

You should email copies of your birth certificate and photo ID to the court at MC01-Civil@Indy.Gov at least 5 days before your hearing. You should also email the court copies of any other documents on that list that you have, like a passport.



Step Three: What to do in Court



You have your documents and know what the judge will talk about in court. This part shows you what to expect when you go to court. In the next part, we will show you what to do after the judge decides your case.

DON'T FORGET TO BRING THE DOCUMENTS YOU COLLECTED IN STEP TWO TO COURT!

In this part:

1. We will tell you what to expect when you first get to court.
2. We will tell you how to talk to the Judge.

1: What to Expect When You First Get to Court

In many courts, you must go through security. The lines can be long, so try and arrive at least 15 minutes before your hearing.

Find your courtroom. If you don't know, ask a security guard or court worker where you need to go.

When you find your courtroom, go to the court office and tell them you are here for your hearing. The court worker will tell you where to wait. Take a seat and wait.



Step Three: What to do in Court



2: How to Talk to the Judge

When it is your turn to talk to the judge, someone from the court will call out your legal name. That person will tell you where to sit in the courtroom.

The hearing will start. You will swear to tell the truth and then the judge will start asking you questions.

What happens next depends on if you asked the judge to keep your case private.

If you asked for the case to be private: you will talk about why you want your case private.

You need to show the judge that you would face a “significant risk of substantial harm” if your name change were in the newspaper and on the court website. To prove this, tell the judge about any violence you have experienced and/or why you would feel unsafe if you were outed as trans through court records.

Some counties do these two parts on different days. The judge will let you know if they are going to keep your records private and when you need to come back for the second part of your hearing.

For Everyone: you will talk about why you want to change your name.

You need to show the judge that you are who you say you are and the law lets you change your name. You also need to tell the judge why you are changing your name. You should explain that you want your name to match who you are. And you should explain that you are not changing your name because you owe someone money or to avoid the police.

After the judge is done asking questions, they will tell you if your name is changed.

Sometimes they can’t tell you right away because they need more information. This can happen if you forgot to bring your ID or birth certificate.

If your name change was approved, the Judge will let you know if you can get official copies of your Order while you are in court or if you need to come back another day.

When your name is changed, go to Section 4.

If any part of your case was denied, please contact the LGBT project ASAP at lgbtgroup@ilsi.net or 317-829-3180.



Step Four: What to do after Court

CONGRATULATIONS! The judge has signed the order that legally changes your name. This part shows you what to do next. In this part:

1. We will tell you how to get copies of your name change order.
2. We will show you how to update (or get) IDs with your new name and gender marker.

1: Get Copies of Your order

To use the court order to update your IDs, you need to get it certified. A certified order has a special stamp that tells people it is an official court document.

To get certified copies of your order, go to the clerk's office. This is the same office where you started your case.

It can cost up to \$2 a page to get the order certified. You should get 3-5 orders.

2: Update Your IDs

Updating IDs requires a lot of paperwork and running around. Each place that gives you an ID has its own rules about how to change the name and gender marker.

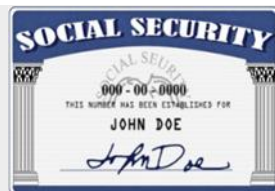
You need to update your Social Security records before updating your BMV ID. This is because the BMV verifies your identity with Social Security records. The order you update the rest of your documents in does not matter.

This guide has instructions and forms for updating your:

- Voter Registration
- Social Security Card
- Indiana driver's license or ID
- Birth Certificate
- US Passport
- USCIS Immigration Documents

We also suggest updating your name with your banks, credit cards and credit reporting agencies.

**You're done with this packet! You just did a lot of work. Great job!
And good luck!**



UPDATING YOUR SOCIAL SECURITY CARD

1. Fill out form SS-5
 - ☐ In the "Name" field on the top line, you should use your current/new name (not your former legal name).
 - ☐ On the second line, list your previous legal name as it appears on your old Social Security card.
 - ☐ Leave the third line ("Other names used") blank unless you have registered to work, received public benefits, or held a social security card under other names.
 - ☐ For sex, check the box for your current gender (not the one assigned at birth)
2. To update your gender marker you need one of the following:
 - ☐ A court-ordered gender marker change order,
 - ☐ A signed letter from a doctor stating you have had appropriate clinical treatment for gender transition,
 - ☐ A full-validity 10-year U.S. passport showing the correct gender, or
 - ☐ A state-issued birth certificate showing the correct gender,

Social Security gender marker options are Female and Male.
3. Go in person or mail the application to your local to your local office (<https://secure.ssa.gov/ICON/main.jsp>) with the following documents:

In-Person	By Mail
<input type="checkbox"/> Form SS-5; <input type="checkbox"/> State ID or driver's license; <input type="checkbox"/> Certified Name Change Order; <input type="checkbox"/> Proof of Gender (if you want to change your gender marker)	<input type="checkbox"/> Cover letter; <input type="checkbox"/> Form SS-5; <input type="checkbox"/> Certified Name Change Order; <input type="checkbox"/> Proof of Gender (if you want to change your gender marker)

This document is not intended to be legal advice. It only gives general information on updating documents. If you need further assistance changing your documents at any agency, or an agency refuses to change your documents, please contact Indiana Legal Services.

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country FCI			4	DATE OF BIRTH MM/DD/YYYY
5 CITIZENSHIP (Check One)			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)		<div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY		15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State/Foreign Country	ZIP Code
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN		DOC		NTI		CAN		ITV	
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT		
EVIDENCE SUBMITTED						SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
						DATE			
						DCL		DATE	

Social Security Administration

_____, Indiana _____

Date: _____, 20____

Dear SSA:

I am writing to request you update the ☐ name and ☐ gender on my Social Security Record. In support of this request, the following documents are included:

- ☐ Form SS-5
- ☐ Certified Name Change Order
- ☐ Proof of Gender

Pursuant to SSA Policy, my name change order is an acceptable identity document because it has my prior name and biographic data (date of birth), which matches the data on the latest Numident record. See POMS RM 10212.015, Evidence Requirements to Process a Name Change on the SSN, *available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0110212015>*.

If you have any questions, you can reach me at (____)-____-_____.

Thank you for your time,



UPDATING YOUR INDIANA PHOTO ID

Bring the following to your local BMV office:

- ☐ Current Photo ID;
- ☐ Name change order;
- ☐ Proof of gender change (court order is not enough)
 - [BMV form 55617](#) signed by your physician; or
 - Updated birth certificate; or
 - Doctor's letter on letterhead that is signed and dated that says:
<your name> successfully underwent all treatment necessary to permanently change <your name> gender from <insert prior gender> to <insert new gender>.

Gender markers for BMV IDs and driver's licenses include F (female) or M (male).



UPDATING YOUR VOTER REGISTRATION

Transgender people can vote, even if their gender does not match what is listed on their government issued ID. Transgender people must be registered with the name that is listed on their government issued ID.

You can update your voter registration on-line at <https://indianavoters.in.gov/>



PHYSICIAN'S STATEMENT OF GENDER CHANGE

State Form 55617 (7-14)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N481
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete form in blue or black ink or print form.
 2. A licensed physician must complete Section 2.
 3. Applicant must complete Section 3.
 4. Submit completed form with original signatures to any BMV license branch location.

SECTION 1 - APPLICANT'S INFORMATION

Legal Name (<i>last, first, middle initial</i>)	Indiana Driver's License Number (DLN)	Date of Birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	City	State	ZIP code

SECTION 2 - PHYSICIAN'S STATEMENT FOR GENDER CHANGE (140 IAC 7-1.1-3(d)(3)(C)(ii))

I certify _____ successfully underwent all treatment necessary to permanently change
(*Insert applicant's name.*)

_____ gender from _____ to _____.
(*Insert applicant's name.*) (*Insert prior gender.*) (*Insert new gender.*)

By signing this form, I swear or affirm under the penalty of perjury that the information on this form is true and correct.

Printed Name of Physician	Medical License Number	State of Issuance
Signature of Physician	Date Signed (<i>mm/dd/yyyy</i>)	Physician Telephone Number

SECTION 3 - SIGNATURE OF APPLICANT

By signing this form, I authorize the above information to be released to the Indiana Bureau of Motor Vehicles. I swear or affirm under the penalty of perjury that the information on this form is true and correct.

Printed Name of Applicant	
Signature of Applicant	Date Signed (<i>mm/dd/yyyy</i>)



UPDATING YOUR INDIANA BIRTH CERTIFICATE

You have two options for updating your birth certificate: going in person to the county health department where you were born or requesting copy from the state via mail. Though it is often faster to request the certificate from the county, each county has their own rules about updating birth certificates, and it can often be easier to update the certificate directly with the State Department of Health.

Gender markers for Indiana birth certificates are F (female), M (male), and X (nonbinary).

To request by mail, send the attached letter requesting an amended birth certificate that reflects your new legal name and gender and include the following:

- ☐ Copy of your court ordered name and gender change (sometimes they ask for a certified copy. You can get certified copies from the clerk.);
- ☐ Application for Search and Certified Copy of Birth Record
- ☐ Copy of your photo ID
- ☐ Check for \$10

Mail the letter to:

Indiana State Department of Health
Vital Records
2 N. Meridian St.
Indianapolis, IN 46204

Indiana State Department of Health
Vital Records
2 N. Meridian St.
Indianapolis, IN 46204

Date: _____, 20____

Dear Vital Records:

I am writing to request you update the name and gender on my Indiana Birth
Certificate. In support of this request, I am including the following:

- ☐ Copy of my court ordered name and gender change
- ☐ Copy of my photo ID
- ☐ Check for \$10

Please mail the updated birth certificate to me at:

If you have any questions, you can reach me at (____)-____-_____.

Thank you for your time,



APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

State Form 49607 (R10 / 9-18)
INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL RECORDS OFFICE BEGIN WITH OCTOBER 1907. Prior to October 1907, records of birth are filed **ONLY** with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs \$10.00. The fee is non-refundable. Included in one search is a five (5) year period: the reported year of birth and, if the record is not found in that year, the two (2) years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each. Amendments made to the record are an additional \$8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (SEE REQUIREMENTS AND ACCEPTABLE DOCUMENTATION LIST). Requests for birth certificates sent without proper identification will be returned to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

Full Name at Birth		
Could this birth be recorded under any other name? <i>If Yes, Please Give Name.</i>		
Has the person ever been adopted? <i>If Yes, Please Give Name AFTER Adoption.</i>		
Place of Birth: City	Place of Birth: County	
Name of Hospital		
Date of Birth (<i>Month, Day, Year</i>)	Is this Person Deceased? (<i>Please Check One</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES which state, if known _____	
Full Name of Parent 1 (<i>If adopted, Give Name of Adopted Parent.</i>)		
Full Name of Parent 2 including Maiden Name (<i>If adopted, Give Name of Adopted Parent.</i>)		
Purpose for which record is to be used		
Your Relationship to the Individual Named on the requested certificate		
Total Certificates Standard Size _____ (<i>Passport Acceptable</i>) Long Form _____ (<i>Statistical Version</i>) (<i>Please note: If a long form is unavailable, standard size will be sent.</i>)		
Is this certificate for an Apostille? (<i>Please Check One.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Preference (<i>Please call agency for current express delivery rate.</i>) <input type="checkbox"/> Regular Mail <input type="checkbox"/> Express Courier, Signature upon delivery required	Total Fee
Print Name of Applicant	Signature of Applicant	
Mailing Address (<i>Number, Street, City, State, ZIP Code</i>) ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED.		
Daytime Telephone Number (<i>including Area Code</i>)	Today's Date (<i>Month, Day, Year</i>)	
Send this application(s) with a check or money order payable to the Indiana State Department of Health, along with copy of Government State, or Military valid identification and/or required documentation to: Indiana State Department of Health, Vital Records, 2 North Meridian Street, Indianapolis, IN 46204. Web address www.in.gov/ISDH . Please note: If identification does not match the address provided, your request will not be processed.		

FOR OFFICE USE ONLY

Date received (<i>Month, Day, Year</i>)	Receipt Number	Volume Number
Certificate Number	Application Number	Initials of Verifier



UPDATING OR GETTING A U.S. PASSPORT

Go to your passport processing office (offices can be found at <https://iafdb.travel.state.gov/>) with:

- ☐ Form DS-11: *Application for a U.S. Passport*. The form is available at: <https://eforms.state.gov/Forms/ds11.PDF>
- ☐ Proof you are a U.S. citizen;
 - Certified Birth Certificate; or
 - Certificate of Naturalization or Citizenship; or
 - Your current passport
- ☐ Photo ID (bring your ID and a copy of the front and back);
- ☐ Court Ordered Name Change (certified copy);
- ☐ Original (not a copy) doctor's letter signed in blue ink (sample letter on next page)
- ☐ \$140 payable to the US Dept of State *and* \$35 to the acceptance facility; *and*
- ☐ One passport size photo that reflects your current appearance.

Gender markers on passports only include F (female) and M (male).



OUT OF STATE DOCUMENTS

Information about how to update out of state and other federal IDs can be found at: <https://transequality.org/documents>

This document is not intended to be legal advice. It only provides general information on updating documents. If you need further assistance changing your documents at any agency, or an agency refuses to change your documents, please contact Indiana Legal Services for further support.

Letter Certifying Applicant's Gender Change

I, _____, medical license/certificate number _____
(Physician's Full Name)

_____, issued by the State of _____, am the physician of

_____, date of birth _____, with whom
(Name of Patient)

I have a doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated.

_____, has had appropriate
(Name of Patient)

clinical treatment for transition to ☐male ☐female.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Physician

Date

Typed Name of Physician

Address

Physician's Phone Number

UPDATING USCIS IMMIGRATION DOCUMENTS

If you are working with an immigration lawyer, please talk to them before updating any documents, especially if you have a pending application with USCIS.

You should also talk to a lawyer before updating anything if you have been arrested since USCIS issued you the document you want to change.

Supporting Documentation: Name Change

- ☐ Court order for name change or other proof of legal name change.

Supporting Documentation: Gender

- ☐ Court ordered gender change;
- ☐ Government issued documentation with the gender, including a birth certificate, passport, driver's license; or
- ☐ letter from a licensed health care provider certifying the change in gender (sample follows)

Naturalization Certificate

- ☐ Form N-565, Application for Replacement Naturalization/Citizenship Document (<http://www.uscis.gov/n-565>)
- ☐ Filing fee of \$345 (subject to change) or a Fee Waiver
- ☐ Two passport-style photographs
- ☐ Supporting documentation

Permanent Resident Card

- ☐ Form I-90, Application to Replace Permanent Resident Card (<http://www.uscis.gov/i-90>)
- ☐ Filing fee of \$450 (subject to change) or a Fee Waiver
- ☐ Supporting documentation

This document is not intended to be legal advice. It only provides general information on updating documents. If you need further assistance changing your documents at any agency, or an agency refuses to change your documents, please contact Indiana Legal Services for further support.

Employment Authorization

- ☐ Form I-765, Application for Employment Authorization (<http://www.uscis.gov/i-765>)
- ☐ Filing fee of \$465 (subject to change) or a Fee Waiver
- ☐ Two passport-style photographs
- ☐ Supporting documentation

Pending Applications

- ☐ Letter requesting an update mailed to the service center or office processing the case, which can be found at the bottom of the receipt notice, which includes:
 - A number
 - Receipt number
 - Supporting documentation

Health Care Certification

Date: _____

To Whom It May Concern:

I am a licensed: ☐ Counselor ☐ Nurse Practitioner ☐ Physician ☐ Physician Assistant
☐ Psychologist ☐ Social worker ☐ Therapist

I have treated or evaluated _____ in relation to
their gender identity. (Patient's Name)

In my professional opinion, _____'s gender identity is
consistent with a designation of: (Patient's Name)

☐ Male ☐ Female

Patient's Information

Full Name _____

Date of Birth _____

Health Care Professional's Information

Full Name _____

Organization (if any) _____

Address: _____

Phone Number _____

License Type: ☐ Counselor ☐ Nurse Practitioner ☐ Physician ☐ Physician Assistant
☐ Psychologist ☐ Social worker ☐ Therapist

License Number _____

Issuing State, Country, or other Jurisdiction of License _____

Sincerely,

Health Care Professional's Signature

Health Care Professional's Printed Name