

DISTRICT COURT FOR THURSTON COUNTY, WASHINGTON

IN THE MATTER of the Change of name of)
_____)
_____)
_____)

No. _____
NOTICE OF HEARING
FOR NAME CHANGE OF MINOR

THE STATE OF WASHINGTON TO THE SAID _____,
Nonconsenting Parent:

YOU ARE HEREBY NOTIFIED that pursuant to RCW 4.24.130, a parent or legal guardian of the above named minor child has filed a Petition for Name Change of:

_____ **TO** _____
(Current First, Middle and Last Name) (Proposed New First, Middle and Last Name)

The hearing on this matter shall be held on the _____ day of _____, 20_____,
at _____ [] AM [] PM, at the address stated below.

FAILURE TO APPEAR AT THIS HEARING OR TO RESPOND IN WRITING MAY RESULT IN A NAME CHANGE OF THE MINOR CHILD NAMED ABOVE.

DATED: _____

**FILE YOUR WRITTEN RESPONSE WITH
Thurston County District Court
2000 Lakeridge Drive SW
Olympia, WA 98502
Telephone: (360) 754-4102**

Attorney/Petitioner Name & Address

★★★★★

IF THIS NOTICE IS PUBLISHED, it must be published once a week for three consecutive weeks in the City of the last known address of the absent birth parent. An affidavit of publication must be provided to the court at the time of the above scheduled hearing.