



Name & Gender Change Guide for Residents of New Jersey

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Changing Your Legal Name: Obtaining A Court Order

The legal name change process begins by obtaining a court order, which will ultimately lead to a final judgment that will change your name. This process, described in detail below, includes a number of steps, including filing a series of forms, paying fees, appearing in court, and publishing notice of your legal name change in a newspaper.

Once you obtain the court order for name change, use that court order to change your name on all of your IDs and records.

Preparing To Change Your Legal Name: FAQs

Why do I need a Court Order?

If you wish to change the legal name shown on your state and federal IDs, the court order is the first step in the process of getting your identification documents to match who you are. You will use the court order to update your name on all of your official identification documents such as your driver's license, birth certificate, passport, and Social Security card.

Do I need a lawyer?

Obtaining a court order for a name change is something that you can do by yourself. However, everyone's situation is different, so if you feel like the process may be too confusing, you have a complicated criminal or credit history, or if you would just like some professional oversight, we encourage you to contact one of the lawyers listed in **Exhibit A** of the Appendix at the end of this guide.

How Do I Obtain a Court Order Changing My Legal Name?

Step 1: Prepare Documents

You will need to complete four forms:

1. Complete Verified Complaint

- The Verified Complaint is where you enter all of your basic information, such as your address, old name, and new name. You must also verify that the requested name change is not being made to avoid creditors or criminal prosecution. Use the relevant form included in the Appendix:
 - To request a name change for an adult, use **Exhibit B**.
 - To request a name change for a minor child, use **Exhibit C**.
- In the section that requests the reason for your name change, you can write: *“This is my preferred name and I wish to obtain proper documentation.”*
- **Name Change of Minor Child.** The Verified Complaint requests information on any case involving the minor or the minor’s parent(s) or guardian(s) pending or recently concluded (in the last three years) in the Family Part of any New Jersey Superior Court.
 - If a Family Part case is pending or recently concluded, gather the case name, docket number, and county information prior to completing the Verified Complaint.
 - Keep in mind that if a Family Part case is pending or recently concluded, the name change request may be transferred to the Family Part and handled differently.
 - **Note:** A parent may request a name change for a minor child without the appointment of a guardian ad litem (a court-appointed advocate to protect the child’s interests).

2. Complete Order Fixing Date of Hearing

- This form will be used by the court to set a date on which you will appear at the courthouse and indicate which newspaper must publish notice of your name change application. Use the relevant form Order Fixing Date of Hearing included in the Appendix to this Guide:
 - For an adult name change, use **Exhibit D**.
 - For a minor child name change, use **Exhibit E**.
- Complete the personal information on the top half of the form. The court will complete the bottom portion.

3. Complete Final Judgment Form

- The court will use this form to authorize your legal name change and designate a newspaper for publication of the Final Judgment. Use the relevant form Order Fixing Date of Hearing included in the Appendix to this Guide:
 - For an adult name change, use **Exhibit F**.
 - For a minor child name change, use **Exhibit G**.
- Complete the personal information on the top half of the form. The court will fill in the date of the order and complete the bottom portion.

4. Complete the Civil Case Information Statement

- This form provides a summary of your case for the court. Use the form included in the Appendix to this Guide as **Exhibit H**.
- The information required for the Civil Case Information Statement are complex. **Follow the instructions included with Exhibit H carefully.**
- Note that the Case Type Number for a name change is 151.

Step 2: Fee or Fee Waiver

The current fee for filing the court documents is \$250.00.

- To pay the fee, a check or money order should be made payable to *Treasurer, State of New Jersey*.
- A fee waiver may be obtained upon a showing of sufficient hardship. To apply for a hardship waiver, complete a Fee Waiver Request Form and send it along with your documents.
 - The Fee Waiver Request Form is in **Exhibit I** of the Appendix.
 - The Fee Waiver Request requires documentation of income, such as pay stubs, welfare documents, unemployment documents, and bank statements.

Step 3: Mail Documents to the Court

Once you have prepared and carefully reviewed all applicable forms, you will need to mail the documents to the court. Be sure your packet includes:

- Each applicable form bearing your original signature.
- One copy of each form.
- A check or money order for \$250.00 or a Fee Waiver Request form (with a copy).
- A self-addressed stamped envelope for the court to return your document copies.

Mail your complete packet to the Superior Court for your county. A list of Superior Court addresses is provided in **Exhibit J** of the Appendix.

- Once received, the court will return copies of the Verified Complaint and Order Fixing Date of Hearing via your self-addressed stamped envelope.
 - The documents will now include a docket number, which will be used to identify your case on future documents.
 - The Order Fixing Hearing Date will show a hearing date, which should be within 30 days of the Order. **Note this date, as this is when you will appear before the court.**
- If you (or the minor you are representing) have any criminal charges pending:
 - You must send copies of the Verified Complaint and the Order Fixing Date of Hearing **by certified mail** to the Prosecutor of the county where the criminal matter is being heard.
 - If the Office of the Attorney General brought the charges against you, you must send copies of the Verified Complaint and Order Fixing Date of Hearing **by certified mail** to the Director of the Division of Criminal Justice **at least 20 days before the date of the hearing.** Use the following address:

Director, Division of Criminal Justice
R.J. Hughes Justice Complex
25 W Market Street
P.O. Box 085
Trenton, NJ 08625-0085

- **Save your certified mailing receipts!** These are necessary to establish Proof of Mailing for the court.
- After sending the Verified Complaint and the Order Fixing Date of Hearing to the Prosecutor and/or Office of the Attorney General, you must provide Proof of Mailing to the court where your name change request is pending.
 - For an adult, use the Proof of Mailing Form included in the Appendix as **Exhibit K.**
 - For a minor, use the Proof of Mailing Form included in the Appendix as **Exhibit L.**

- Send both the certified mail receipt(s) and the completed mailing form to the court where your name change request is pending.

Step 4: Publish Order

When the court returns your documents, it will also identify the newspaper in which you will need to publish the Order Fixing Date of Hearing.

- You must publish the Order **at least 2 weeks** before you are scheduled to appear in court, so make sure to get the notification published right away. You can call the newspaper to discuss the publishing process.
- If the name change is for a minor, notice must also be given to any parent who is not involved with the name change process.

Once the Order has been published, the newspaper will send you an Affidavit of Publication, which confirms that the Order was in fact published. You must mail or bring the Affidavit of Publication to the court.

Step 5: Appear in Court

You will need to appear in court on the date indicated on the Order Fixing Date of Hearing. Some things to keep in mind when preparing for and attending the hearing:

- The Judge may ask you questions related to your name change, and questions may be related to whether you are trying to avoid debt or criminal history. It is important that you are respectful and truthfully answer the Judge's questions.
- If the Judge asks why you are seeking to change your name, you may say that this is your preferred name as stated in your application, or you may give a more detailed response as you feel comfortable.
- As an adult, you do not need to provide any medical documentation relating to your transgender status for a name change. (Note: this may not apply to youth name changes). If the judge asks questions about your transition, you may answer if you are comfortable or you may choose to respectfully reply that that is private medical information. Please consult an attorney if a judge requests additional medical documentation for your name change.
- At the end of the hearing, the Judge should sign a Final Judgment and provide you with a copy.

Step 6: Publish Final Judgment

When you receive the Final Judgment, the court will identify a newspaper in which you must publish the Judgment (just like with the Order Fixing Date of Hearing). The Final Judgment **must be published in the newspaper indicated within 20 days**.

As with the Order Fixing Date of Hearing, the newspaper will send you an Affidavit of Publication, which **must be mailed or brought to the court**.

Step 7: Provide Certified Copies of Final Judgment to State and Federal Agencies

To legally change your name with federal and state agencies, you will need to obtain and distribute **certified copies** of the Final Judgment.

1. Ordering Copies of Final Judgment

- You will need at least 3 certified copies of the Final Judgment to use to change your name on your IDs and records. A certified copy is one with an official stamp and the court Clerk's signature attesting to its authenticity. The fee for each copy is \$25.
- To obtain copies of the Final Judgment, fill out the Records Request Form included in the Appendix as **Exhibit M** or obtain an electronic copy at https://www.judiciary.state.nj.us/forms/10200_records_req.pdf.
- Email the completed form to SCCOMailbox@judiciary.state.nj.us. If you prefer regular mail, you can also print and mail the completed form to the Superior Court Clerk's Office at the following address:

Superior Court Clerk's Office
P.O. Box 971
Trenton, NJ 08625-0971

2. Provide One Copy to the Social Security Administration

- You will need to update your name with the Social Security Administration before changing your name on your New Jersey driver's license or state ID card. This should be done as soon as possible after obtaining the Final Judgment from the court.
- Deliver a certified copy of the Final Judgment, along with a completed Application for Social Security Card, unexpired identification document, and proof of U.S. citizenship to your local Social Security Administration Office by mail or in person.
- To locate your local Social Security Administration Office, visit <https://secure.ssa.gov/ICON/main.jsp>.

- This Guide provides additional information on how to change your name and/or gender with the Social Security Administration in the “Updating Your Legal Name & Gender Marker in Your Social Security Records” section.

3. Provide One Copy to the Motor Vehicles Commission

- If you drive, own a car, or possess a handicapped identification card, you must present the Final Judgment, **in person**, at any Motor Vehicle Agency or Service Center **within 2 weeks** of the Final Judgment.
- This Guide provides further information on updating your New Jersey driver’s license or identification card in the “Updating Your Legal Name & Gender Marker on Your Driver’s License and State Identification Card” section.

4. Provide One Copy with Payment to the Department of Treasury

- **Within 45 days** of the Final Judgment, you must send to the Department of Treasury:
 - A certified copy of the Final Judgment.
 - A check or money order for \$50.00, payable to the *Treasurer, State of New Jersey*.
 - A self-addressed stamped envelope for return of your documents.
- The address for the Department of Treasury is:

Department of Treasury
Division of Revenue
Judgment Name Change Unit
P.O. Box 453
Trenton, NJ 08646

5. Provide One Copy with Payment to the Registrar of Vital Statistics

- If you wish to update your name on your birth certificate, you must send one certified copy of the Final Judgment to the Registrar of Vital Statistics of the state in which you were born.
 - If you were born in New Jersey, send a certified copy of the Final Judgment, along with the \$2.00 fee made payable to *Treasurer, State of New Jersey*, to the New Jersey Bureau of Vital Statistics at this address:

Bureau of Vital Statistics
Attn: Record Modification Unit
P.O. Box 370
Trenton, NJ 08625

- If you were not born in New Jersey, send the certified copy to the Registrar of Vital Statistics in your home state and make sure to check whether there is a fee.

- You may also order a corrected birth certificate with your updated legal name from the New Jersey Bureau of Vital Statistics, if you were born in New Jersey. The fee is \$25.00 for the first copy and \$2.00 for each additional copy.
- This Guide provides further information on updating your New Jersey birth certificate in the “Updating Your Legal Name & Gender Marker on Your Birth Certificate” section.

6. Provide One Copy to the U.S. Passport Office

- If you wish to update your current U.S. Passport or obtain a new U.S. Passport, you may do so by providing your local U.S. Passport Office with one certified copy of the Final Judgement, along with a Passport Application or Renewal form and supporting documentation, in person or by mail (under certain circumstances).

This Guide provides further information on updating or obtaining a new U.S. Passport in the “Updating Your Legal Name & Gender Marker on Your Passport” section.

- ## 7. Use copies of the Court Order to change your legal name on ALL other IDs, accounts, and records (i.e. bank accounts, school records, employment records, health insurance, etc.).

Your Checklist: Court Order for Name Change

1. Mail to the Court:

- ❖ Verified Complaint
- ❖ Order Fixing Date of Hearing
- ❖ Final Judgment Form
- ❖ Civil Case Information Statement
- ❖ Fee or Fee Waiver Form

2. First Publication

- ❖ Publish Order in Court-Designated Newspaper
- ❖ Send Affidavit of Publication to Court

3. Appear in Court

4. Second Publication

- ❖ Publish the Final Judgment
- ❖ Send Affidavit of Publication to Court

5. Receive Court Order

- ❖ Order Copies of Final Judgment
- ❖ Send One Copy to Dept. of Treasury
- ❖ Send One Copy to the Bureau of Vital Statistics
- ❖ Send One Copy to Social Security Administration
- ❖ Deliver One Copy to the Motor Vehicles Commission
- ❖ Use copies of the Court Order to change your legal name on ALL other IDs, accounts, and records (i.e. bank accounts, school records, employment records, health insurance, etc.)

Updating Your Legal Name and Gender Marker in Your Social Security Records

This section is designed to walk you through the process of successfully updating your name and/or gender marker in your Social Security Records. Note that your Social Security Card only lists your name and Social Security Number – not your gender. However, the Social Security Administration maintains information in its computer records for everyone who has a Social Security Number, including name, gender, and date of birth.

Step 1: Prepare Documents

Updating Your Legal Name with the Social Security Administration:

- To update your legal name in your Social Security Records (including on your Social Security Card), you will need the following documents:
 - Application for Social Security Card that includes your changed name (available at SSA office or online at <http://www.socialsecurity.gov/forms/ss-5.pdf>).
 - Certified copy of the Court Order for Change of Name (Final Judgment).
 - An unexpired identification document, such as driver's license, state-issued identity card, or U.S. Passport (it is okay if your ID document includes your former name).
 - Proof of U.S. citizenship or lawful immigration status, such as a passport, birth certificate or immigration documentation.

Updating Your Gender Marker with the Social Security Administration:

- Although no gender marker is listed on your Social Security card, it is important to change your gender marker with SSA because other government agencies look to your Social Security Records to verify your gender. You may update your gender marker in your Social Security Records at the same time or separately from when you update your legal name with the SSA.
- To update your gender marker in your Social Security Records, you will need the following documents:
 - Application for Social Security Card (available at SSA office or online).
 - An unexpired identification document, such as driver's license, state-issued identity card, or U.S. Passport (it is okay if your ID document includes your former name).
 - Proof of U.S. citizenship or lawful immigration status, such as a passport, birth certificate or immigration documentation.

- At least one of the following documents as evidence of your gender change:
 - U.S. Passport (showing the correct gender)
 - Birth Certificate (showing the correct gender)
 - Court Order (recognizing the correct gender)
 - Signed Letter from a Physician with the exact language shown in this sample letter:

LETTER ON LETTERHEAD

I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/ Foreign Country of medical license/certificate), am the physician of (name of patient), with whom 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).

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify male or female).

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

Signature
Typed Name
Date

Step 2: Submit Documents to the SSA

- You may mail your completed application to your local Social Security Administration Office or apply in person. Any documents you mail-in will be returned.
- To locate your nearest Social Security Administration Office, please visit: <https://secure.ssa.gov/ICON/main.jsp>.
- There is no fee to update your Social Security Records or receive a new Social Security Card.
- Your new Social Security Card will be mailed to the address you provided and your Social Security Records will be updated in accordance with the information provided in your application and supported by acceptable documents.

Updating Your Legal Name and Gender Marker on Your NJ Driver's License or State ID

This section will help you through the process of changing your name and/or gender marker on your New Jersey state identification card, whether you use a driver's license or an identification card. Name and gender can be updated separately or at the same time, and you can update one or both.

Step 1: Prepare Documents

Updating your name with the New Jersey MVC:

To update your legal name on your New Jersey driver's license, you will need to **visit your local MVC within two weeks of changing your name** (and after updating your name with the Social Security Administration). You must bring each of the following documents with you to the MVC:

- At least one primary identification document, such as a birth certificate, U.S. Passport (current or expired less than 3 years), current New Jersey digital driver's license or non-driver ID card, current alien registration card, or certificate of naturalization or citizenship.
- Court Order showing legal name change (See "Changing Your Name: Obtaining a Court Order" Section of this Guide).
- Updated Social Security card.
- Proof of New Jersey residency, such as a recent utility or credit card bill, recent bank statement, or lease/rental agreement. **Note:** Mail addressed to P.O. Boxes is not accepted as proof of residency.
- Payment in the amount of \$11.00. **Note:** If you update your name and gender at the same time, you only have to pay the \$11.00 fee for a new driver's license or identification card once.

All documents must be original or certified copies in English. You can find a complete list of acceptable documents here: http://www.state.nj.us/mvc/pdf/Licenses/ident_ver_posterpint.pdf.

You are also required to change your name on any certificate of title and vehicle registration cards for any vehicles you own.

Updating your gender with the MVC:

To change your gender on record with the MVC, you will need to submit the following completed documents in person at your local MVC office:

- Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or ID Card.

- Complete the top portion yourself
 - Have your licensed medical or social service provider complete the bottom section and sign the form.
 - The Gender Designation Change Form is included in the Appendix as **Exhibit N**.
- At least one primary ID document, such as a birth certificate, U.S. Passport (current or expired less than 3 years), current New Jersey digital driver's license or non-driver ID card, current alien registration card, or certificate of naturalization or citizenship.
 - At least one secondary ID document, such as a marriage certificate, military identification card, US school photo ID with transcript, bank statement, property tax statement, or employee ID card with printed pay stub.
 - Social Security card.
 - Proof of New Jersey residency, such as a recent utility or credit card bill, bank statement, or lease/rental agreement.
 - Payment in the amount of \$11.00. **Note:** If you update your name and gender at the same time, you only have to pay the \$11.00 fee for a new driver's license or identification card once.
 - Note that you do not need a court order to change your gender on record with the MVC.

Step 2: Visit your local MVC office to obtain your updated New Jersey driver's license or identification card.

Name and gender changes must be done in person at a New Jersey Motor Vehicle Commission (MVC) office. To locate the nearest MVC office, go to <http://www.state.nj.us/mvc/Location/>.

Additional Information:

- Only persons with permanent or temporary legal immigration status are eligible for a New Jersey driver's license or ID card.
- All documents submitted to the MVC must be original or certified copies in English.
- New Jersey requires anyone requesting an updated driver's license or identification card to show forms of identification equaling six points under its 6 Point ID Verification System. If you are not a U.S. citizen and/or will not be changing your name at the same time as your gender, you may need to provide additional forms of ID in order to meet the 6 Point requirement. For a complete list of documents and their point values, see the New Jersey Six Point ID Verification Program brochure available at http://www.state.nj.us/mvc/pdf/Licenses/ident_ver_posterpint.pdf.

Updating Your Legal Name and Gender Marker on Your New Jersey Birth Record

This section is designed to walk you through the process of successfully updating your name and gender on your birth record. You can update your name and gender separately or at the same time.

Step 1: Prepare Documents

Updating your legal name on your birth record:

You will need the following documents:

- A letter requesting that your birth certificate be amended to reflect your name change.
- Copy of your birth certificate.
- Certified copy of court order granting legal name change. (This will be returned to you by mail once your new birth record is processed.)
- A check or money order payable to *Treasurer, State of New Jersey* in the amount of \$2.00 to process the legal name change. A certified copy of the updated birth certificate can be ordered for an additional \$25.00 for the first copy and \$2.00 for each additional copy.

Updating your gender on your birth record:

You will need the following documents:

- A letter requesting that your birth certificate be updated to accurately reflect your gender.
- Copy of your birth certificate.
- A medical certificate from your physician which indicates that your sex has been changed by a surgical procedure. The certificate may take the form of a letter on your physician's letterhead, including the physician's full name and license number, and indicate that your sex has been changed by surgical procedure. Your certificate should not have to specify the type of surgical procedure, as the statute just requires "surgical procedure."
- A check or money order payable to *Treasurer, State of New Jersey* in the amount of \$2.00 to process the legal gender change. A certified copy of the updated birth certificate can be ordered for an additional \$25.00 for the first copy and \$2.00 for each additional copy.

Step 2: Mail Request(s) to Office of Vital Statistics

Mail the documents listed above to the New Jersey Office of Vital Statistics:

New Jersey Department of Health
Attn: – Record Modification Unit
PO Box 370
Trenton, NJ 08625-0370

If you mail the name and gender change requests together, only one \$2.00 fee (plus \$25.00 for the first certified copy and \$2.00 each additional copy of your updated birth certificate) is required. Processing can take 8-12 weeks.

Updating Your Legal Name & Gender Marker on Your Passport

This section is designed to walk you through the process of successfully updating your name and/or gender marker on your Passport. You can update the gender marker on your Passport at the same time or separately from when you update your legal name with the State Department.

Updating Your Legal Name on an Existing Valid Passport:

When you already have a valid Passport, you may submit a *Passport Renewal Application* to change your legal name on the passport by mail. You will need to complete and submit:

- A Passport Renewal Application ([Form DS-82](#)) (Follow all written instructions as indicated in the application.)
- Your most recent Passport (book or card)
- A recent color photograph 2x2 inches in size (See instructions to the application for further specific information and guidelines for your photo. It is important that your photo comply with these requirements, or your application may be rejected.)
- Order for Name Change (certified copy showing a seal and officiate/judge signature)
- Required fee, determined by the Department of State fee schedule for costs: <http://travel.state.gov/content/passports/english/passports/information/fees.html>

Updating Your Legal Name and Gender Marker on an Existing Valid Passport or Getting a Passport for the First Time:

If you are applying to change your gender marker, submitting a passport application for the first time, or applying for a passport when your old passport has expired, you must apply in person. To locate your local Passport Acceptance Facility, please visit <http://iafdb.travel.state.gov/>. You will need to complete and submit:

- Application for U.S. Passport ([Form DS-11](#))
- Proof of U.S. Citizenship (such as a previous U.S. Passport, certified Birth Certificate, Certificate of Naturalization, or Report of Birth Abroad)
- Proof of Identity that contains your signature and photograph that is “a good likeness to you” (such as a previous U.S. Passport, a Driver’s License, a Certificate of Naturalization, Military Identification, or a Government Employee Identification Card)

- A recent color photograph 2x2 inches in size (See instructions to the application for further specific information and guidelines for your photo. It is important that your photo comply with these requirements, or your application may be rejected.)
- Order for Name Change (certified copy showing a seal and officiate/judge signature)
- A letter from your Physician confirming your gender transition (The requirements for this letter are listed below.)
- Required fee, determined by the Department of State fee schedule for costs: <http://travel.state.gov/content/passports/english/passports/information/fees.html>

Requirements for Physician's Letter Used to Update Your Gender Marker on an Existing Valid Passport:

In accordance with State Department policy, a person can obtain a Passport reflecting his or her current gender by submitting a certification from a physician confirming that he or she has had "appropriate clinical treatment" for gender transition. This policy replaces the State Department's old policy, which required documentation of surgical procedures to change your birth sex. Keep in mind that the State Department will require this certification when either a previous Passport or any other personal documentation presented by an applicant reflects a different gender. The State Department will not accept Court Orders for Gender Change or any other proof of gender besides for this letter.

You must submit a signed letter from a licensed physician confirming that you have had "appropriate clinical treatment" for gender transition. The letter should follow the exact language of this sample letter:

<i>LETTER ON LETTERHEAD</i>
<i>I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/ Foreign Country of medical license/certificate), am the physician of (name of patient), with whom 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).</i>
<i>(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify male or female).</i>
<i>I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.</i>
<i>Signature</i>
<i>Typed Name</i>
<i>Date</i>

Limited Validity Two-Year Passports vs. Full Validity Ten-Year Passports

The State Department still has an outdated policy that distinguishes between a transition that is “in process” and one that is “complete.” This distinction was originally intended for applicants who had recently begun a gender transition and needed documentation to travel abroad, before the requirement for undergoing a surgical procedure was removed. The language we recommend above and in our sample letter indicates to the Department of State that the transition is “complete.” However, if you submit a letter that indicates your transition is “in process” you will be issued a limited validity two-year Passport. A limited validity two-year Passport can be extended to a full validity ten-year Passport at no additional cost by submitting *Application for U.S. Passport (Form DS5504)*, along with the necessary documentation indicated in the form, within two-years of the issue date of your limited validity two-year Passport. You may mail-in Form DS-5504 and accompanying documentation to the National Passport Processing Center or drop-off your completed application and required documentation to your local State Department Office. Note that any documents you mail-in will be returned if not damaged.

To Obtain Your Updated Passport:

To obtain your updated passport by mail, you may select routine service or pay an additional fee for expedited service. Mail your documents to the relevant address:

- For Routine Service:

National Passport Processing Center
P.O. Box 90107
Philadelphia, PA 19190-0107

- For Expedited Service:

National Passport Processing Center
P.O. Box 90907
Philadelphia, PA 19190-0107

You may also obtain your updated passport by visiting your local Passport Acceptance Facility, which may be located by visiting <https://iafdb.travel.state.gov/>.

Obtaining a Court Order for a Gender Change

A court order for a gender change is not necessary to update gender markers on New Jersey or federal identification documents. But there may be other entities who refuse to update your gender marker without a court order, or you may be confronted with some other legal reason to obtain a court order for a gender change. Certain jurisdictions do require a court order for a gender change for certain documents to be amended. Some states, for example, require a court order for a gender change before the gender marker on your birth certificate can be updated. Under certain circumstances, a court order for a gender change can provide security going forward; for example, if you decide to move to a jurisdiction with different requirements.

Should you wish to pursue a court order for a gender change, we would recommend consulting an attorney in New Jersey. See **Exhibit A** for a list.

Appendix

Exhibit A.....New Jersey Lawyers

Exhibit B.....Verified Complaint Form (Adult)

Exhibit C.....Verified Complaint Form (Minor)

Exhibit D.....Order Fixing Date of Hearing Form (Adult)

Exhibit E.....Order Fixing Date of Hearing Form (Minor)

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Exhibit A

New Jersey Lawyers

Lawyers

The New Jersey lawyers listed below have volunteered to help you through the process of correcting your identity documents. Feel free to contact one of them if you would like additional guidance through this process.

Robyn B. Gigl

Stein, McGuire, Pantages & Gigl, LLP
354 Eisenhower Parkway, P.O. Box 460
Livingston, NJ 07039-0460
phone: (973) 992-1100
fax: (973) 535-3990

Robyn Gigl has practiced law for more than thirty years. She is the Immediate Past Chair of the LGBT Rights Section of the New Jersey State Bar Association and she is on the Boards of Garden State Equality and the Transgender Legal Defense and Education Fund. She has assisted numerous trans* identified individuals navigate New Jersey's name change procedures, and has developed a particular expertise in assisting the families of transgender children to legally and confidentially change their child's name.

John M. Keating

Law Office of John M. Keating
9 Dogwood Ave.
Glassboro, NJ 08028
phone: (267) 702-5428
fax: (267) 247-3060

John Keating is a solo practitioner in Glassboro, New Jersey. He is the Chair of the Garden State Equality Education Fund, and he is the Chair Elect of the LGBT Rights Section of the New Jersey State Bar Association. He has been an advocate for the LGBT community for the past ten years and has continued that advocacy work in his law practice.

Exhibit B

Verified Complaint Form (Adult)

Form A

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court Of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION

**Verified Complaint Including
Certification of Plaintiff for Name
Change**

The plaintiff, _____, whose place of residence is
(your name, first, middle, last)
_____, in the City of _____, County of
(street address) (City)
0 _____, in the State of New Jersey says:

1. I am the Plaintiff in this matter.
2. I am (check one) am am not a citizen of the United States of America.
3. My social security number is _____.
4. I was born on _____, in _____.
(month, day, year) (place of birth)
5. I am the (check one) son daughter of _____, and _____.
6. I was raised by _____, and _____.
7. I have since birth been identified by the following names: (first, middle, last)

8. I (check one) have have not been married.
9. I (check one) have have no unsatisfied judgments of record, or suits pending against me, except: (enter any recorded judgments or pending suits)

10. I (check one) have have never been convicted of a crime, and have no criminal charges pending against me, except: (please supply county, municipality, nature, date of crime and/or pending charges)

11. This application (check one) is is not being made with the intent to avoid creditors or criminal prosecution or for other fraudulent purpose.

12. I (check one) have have not made any previous applications to assume another name.

13. I desire to have the name of: _____
(first, middle, last)

14. I request this name change for the following reasons:

WHEREFORE, plaintiff demands judgment pursuant to *N.J.S.A. 2A:52-1 to -4*.

Signature of Plaintiff

Certification

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated

Signature of Plaintiff

Exhibit C

Verified Complaint Form (Minor)

FORM A

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name (first, middle, last)

To Change the Name of:

Name of Minor Child (first, middle, last)

To:

Name you wish your child to assume

Superior Court Of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION

**Verified Complaint Including
Certification of Plaintiff for Name
Change of Minor Child**

The plaintiff, _____, whose place of residence is
(your name, first, middle, last)
_____, in the city of _____, county of
(street address) (city)
_____, in the State of New Jersey says:

1. I am the parent of _____, and make this application to change
(child's name, first, middle, last)
my child's name to _____.
(name you want your child to assume)
2. My child (check one) is is not a citizen of the United States of America.
3. My child's social security number is _____.
4. My child was born on _____, in _____.
(month, day, year) (place of birth)
5. My child's other parent is named _____.
6. My child is being raised by _____, and
_____.
7. Since birth, my child has been identified by the following names: (first, middle, last)

8. My child (check one) has has not been married.

9. There (check one) are are no unsatisfied judgments of record, or suits pending against my child, except: (enter any recorded judgments or pending suits)

10. My child (check one) has has never been convicted of a crime or delinquent behavior, and has no criminal or delinquent charges pending, except: (please supply county, municipality, nature, date of crime and/or pending charges)

11. a. I (check one) have have not been involved in a case in the Family Part in the past three years.

b. My child (check one) has has not been involved in a case in the Family Part in the past three years.

c. My child's other parent or guardian (check one) has has not been involved in a case in the Family Part in the past three years.

If the parent(s) or child **have** been involved in a Family Part case, please describe the case and, if you can, provide the name of the case, the docket number, and the county where the case was heard

12. This application (check one) is is not being made with the intent to avoid creditors or criminal prosecution or for other fraudulent purpose.

13. My child (check one) has has not made any previous applications to assume another name.

14. I desire my child to have the name of: _____
(first, middle, last)

15. I request this name change for the following reasons:

WHEREFORE, plaintiff demands judgment pursuant to *N.J.S.A. 2A:52-1 to -4*.

Signature of Plaintiff

Certification

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated

Signature of Plaintiff

Exhibit D

Order Fixing Date of Hearing Form (Adult)

FORM B

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court Of New Jersey
Law Division
0 _____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION

Order Fixing Date of Hearing

Application being made to the Court by _____,
(your name, first, middle, last)

for a judgment authorizing (check one) his her to assume another name and for the entry of an order fixing a date for the hearing of such application,

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS ON THIS ____ day of _____, 20__, **ORDERED** that the ____ day of _____, 20__, at ____ a.m., or as soon thereafter as the matter can be heard, at the courthouse in the City of _____, County of _____, State of New Jersey, be fixed as the time and place for the hearing of such application and of any objections that may be made thereto.

IT IS FURTHER ORDERED that a notice of such application be published in _____ once, at least two (2) weeks preceding the date set for the hearing.

J.S.C.

NOTE: Copies of the verified complaint and order fixing the date of the hearing must be sent via regular mail and certified mail to the newspaper for publication and served on the County Prosecutor and/or the Office of the Attorney General if there are criminal charges pending.

Exhibit E

Order Fixing Date of Hearing Form (Minor)

FORM B

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name (first, middle, last)

To Change the Name of:

Name of Minor Child (first, middle, last)

To:

Name you wish your child to assume

Superior Court Of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION
Order Fixing Date of Hearing

Application being made to the Court by _____,
(your name, first, middle, last)
for a judgment authorizing (check one) his her minor child to assume another name and for
the entry of an order fixing a date for the hearing of such application,

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS ON THIS ____ day of _____, 20 __, **ORDERED** that the ____ day of
_____, 20__, at ____ a.m., or as soon thereafter as the matter can be heard, at the courthouse
in the City of _____, County of _____, State of New Jersey, be fixed as the
time and place for the hearing of such application and of any objections that may be made thereto.

IT IS FURTHER ORDERED that a notice of such application be published in
_____ once, at least two (2) weeks preceding the
date set for the hearing.

J.S.C.

NOTE: Copies of the verified complaint and order fixing the date of the hearing must be sent to the
parent of the minor child via regular mail and certified mail, and to the newspaper for publication and
served on the County Prosecutor if the minor has charges pending.

Exhibit F

Final Judgment Form (Adult)

FORM C

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court Of New Jersey
Law Division
0 _____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION

Final Judgment

_____, having made application to this Court by duly
(your name, first, middle, last)
verified complaint for a judgment authorizing (check one) him her to assume the name of
_____, and it appearing to the Court that all the provisions of
(name you wish to assume)
N.J.S.A. 2A:52-1-4 and the Current *N.J. Court Rules* relating thereto have been complied with:

IT IS ON THIS _____ day of _____, 20____, **ORDERED** and **ADJUDGED** that
(leave blank for the court to complete)
_____, who was born on _____, and whose social
(your name, first, middle, last) (month, day, year)
security number is _____, be and hereby is authorized to assume the name of
(your social security number)
_____, from and after _____, and
(name you wish to assume) (leave blank for the court to complete)

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS FURTHER ORDERED that within twenty days hereof plaintiff shall cause a copy of this Final Judgment to be published once in _____; and within forty-five days after entry of Judgment, plaintiff shall file proof of publication of this Final Judgment with the deputy Clerk of the Superior Court (in which you filed your verified complaint) and a certified copy of this Final Judgment with the Department of Treasury pursuant to the provisions of the Statute and Rules in such case made and provided; and

IT IS FURTHER ORDERED that the published version of the final judgment shall not contain the social security number of the person whose name was changed.

Dated

J.S.C.

Exhibit G

Final Judgment Form (Minor)

FORM C

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name (first, middle, last)

To Change the Name of:

Name of Minor Child (first, middle, last)

To:

Name you wish your child to assume

Superior Court Of New Jersey
Law Division
_____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION
Final Judgment

_____, having made application to this Court by duly
(your name, first, middle, last)
verified complaint for a judgment authorizing (check one) his her minor child to assume the
name of _____, and it appearing to the Court that all the
(name you wish your child to assume)
provisions of *N.J.S.A. 2A:52-1-4* and the Current *N.J. Court Rules* relating thereto have been complied with:

IT IS ON THIS ____ day of _____, 20____, **ORDERED** and **ADJUDGED** that
(leave blank for the court to complete)
_____, who was born on _____, and whose social
(your child's name, first, middle, last) (month, day, year)
security number is _____, be and hereby is authorized to assume the name of
(your child's social security number)
_____, from and after _____, and
(name you wish your child to assume) (leave blank for the court to complete)

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS FURTHER ORDERED that within twenty days hereof plaintiff shall cause a copy of this Final
Judgment to be published once in _____; and within forty-
five days after entry of Judgment, plaintiff shall file proof of publication of this Final Judgment with the deputy
Clerk of the Superior Court (in which you filed your verified complaint) and a certified copy of this Final
Judgment with the Department of Treasury pursuant to the provisions of the Statute and Rules in such case made
and provided; and

IT IS FURTHER ORDERED that the published version of the final judgment shall not contain the
minor child's social security number.

Dated

J.S.C.

Exhibit H

Civil Case Information Statement (CIS) with Instructions



HOW TO COMPLETE THE CIVIL CASE INFORMATION STATEMENT (CIS)

These instructions are intended to guide individuals who are either plaintiffs or defendants in civil cases and who are not represented by an attorney in completing the Civil Case Information Statement (Civil CIS) required by court rules. The Civil CIS must be included with each party's first pleading in the Civil part of the Law Division. That is, the plaintiff must file it with the complaint and the defendant must file it with the answer. If it is not included, the papers will be returned.

The CIS summarizes your case and alerts the court to any special needs you may have such as the need for an interpreter or the need for a quick trial date because one of your witnesses is expected to be unavailable. The numbers for the various case types are located on the back of the form. Enter the number which best describes your complaint. For example, if you are suing the defendant for a breach of contract, your case number would be 599.

After you have completed the CIS, keep it with the other papers you are planning to file.

Note: These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and forms will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the forms will be available at the county courthouse or on the Judiciary's Internet site (www.njcourts.com). However, you are ultimately responsible for the content of your court papers.

**INSTRUCTIONS FOR PARTIES NOT REPRESENTED BY AN
ATTORNEY FOR COMPLETING THE CIVIL CASE INFORMATION
STATEMENT (CIS)**

BOX#	INSTRUCTION
1.	Print your name.
2.	List a telephone number, including area code, where you can be reached during the day.
3.	Insert the name of the county where the complaint or answer is being filed.
4.	Leave the box blank.
5.	If you know the docket number of your case, insert it in the docket number box. If the CIS is being filed with a complaint, the court will assign the docket number before it returns the filed complaint.
6.	Enter an address where you wish to receive mail concerning this matter.
7.	Document type means the type of paper you are filing. If you are filing the complaint, print complaint; if you are filing an answer, print answer.
8.	Check the box marked “yes” if you have requested that the matter be heard by a jury. Otherwise, check “no.”
9.	Enter your name and indicate whether you are the plaintiff or defendant.
10.	The caption is the name of the case - the name of the plaintiff(s) v. the name of the defendant(s). For example: John Doe, Plaintiff v. Mary Smith, Defendant. Print the name of your case.
11.	The Case Type Number identifies the type of case. On the back of the CIS form is a list of case types. Sometimes it is difficult to pick the number of your case, but you must fill in this section in order for your case to proceed. Choose the one that best describes what your case is about and enter that number. For example, if you are the plaintiff or defendant in a dispute over fulfilling the terms of a contract, the case type is 599; if your case concerns a personal injury, the case type number is 605.
12.	If you believe this case is Hurricane Sandy related check the box marked “yes.” Otherwise, check “no.”
13.	If you believe that your case is a professional malpractice case, check the box marked “yes” and see <i>N.J.S.A. 2A:53A-27</i> and applicable case law regarding your obligation to file an affidavit of merit.
14.	If you believe that you have any other cases involving the same adversary or arising from the same set of circumstances, check the box marked “yes.” Otherwise, check “no.”
15.	If you checked “yes” to the previous question, enter the docket number(s) of any related cases.
16.	If you believe you will be adding more parties to the case, check “yes.” Otherwise, check “no.”
17.	If you are the plaintiff and know the name of the defendant’s primary insurance company enter it in the box. Otherwise check “unknown.” If you are the defendant and you have insurance that might cover or partially cover the damages complained of, enter the name of your insurance company.
18.	If you and your adversary knew each other before the event giving rise to the law suit

CIVIL – LAW
CASE INFORMATION STATEMENT

	<p>occurred, check “yes.” Otherwise, check “no.”</p> <p>If the answer was “yes”, check the box next to the word(s) that best describe the relationship between the parties.</p>
19.	<p>If you believe that the statute governing your case provides for payment of fees by the losing party, (for example, the Law Against Discrimination), check “yes.” Otherwise, check “no.”</p>
20.	<p>If you believe that your case has some unusual circumstance which would require special attention, indicate the problem in the space provided. For example, if there is a witness who is ill or who may be unavailable, you should let the court staff know.</p>
21.	<p>If you are requesting any accommodation for a disability, check “yes” and indicate what is needed. Otherwise, check “no.”</p>
22.	<p>If you are requesting an interpreter, check “yes” and indicate the language for which it is needed. Otherwise, check “no.”</p>
23.	<p>This box contains the statement by which you certify that you have removed any confidential personal identifiers from any document you have already submitted to the court and that you will continue to remove such identifiers in any future submission, unless such confidential personal identifiers are required by statute, court rule or court order. If you are filing a name change complaint, <i>N.J.S.A. 2A:52-1</i> (the applicable New Jersey statute) requires that the social security number be listed on your complaint. Once a name change judgment is entered, your social security number will be removed by the court before the judgment is published in the newspaper.</p>
24.	<p>The person whose name appears in Box 1 must sign the CIS in the space marked “Attorney Signature.”</p>

Appendix XII-B1

	<h2 style="margin:0;">CIVIL CASE INFORMATION STATEMENT (CIS)</h2> <p style="margin:0;">Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed</p>		FOR USE BY CLERK'S OFFICE ONLY PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA CHG/CK NO. <hr/> AMOUNT: <hr/> OVERPAYMENT: <hr/> BATCH NUMBER:
	1. ATTORNEY / PRO SE NAME	2. TELEPHONE NUMBER	3. COUNTY OF VENUE
	4. FIRM NAME (if applicable)		5. DOCKET NUMBER (when available)
	6. OFFICE ADDRESS		7. DOCUMENT TYPE
		8. JURY DEMAND <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. NAME OF PARTY (e.g., John Doe, Plaintiff)		10. CAPTION	
11. CASE TYPE NUMBER <small>(See reverse side for listing)</small>	12. HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	13. IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE <i>N.J.S.A. 2A:53 A -27</i> AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
14. RELATED CASES PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. IF YES, LIST DOCKET NUMBERS	
16. DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.			
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION			
18. DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS	
19. DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION			
 21. DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION	
22. WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, FOR WHAT LANGUAGE?	
23. I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .			
24. ATTORNEY SIGNATURE:			



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I - 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY (other than Tenancy, Contract, Condemnation, Complex Commercial or Construction)
- 502 BOOK ACCOUNT (debt collection matters only)
- 505 OTHER INSURANCE CLAIM (including declaratory judgment actions)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM (coverage issues only)
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 512 LEMON LAW
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (summary action)
- 999 OTHER (briefly describe nature of action)

Track II - 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 599 CONTRACT/COMMERCIAL TRANSACTION
- 603N AUTO NEGLIGENCE – PERSONAL INJURY (non-verbal threshold)
- 603Y AUTO NEGLIGENCE – PERSONAL INJURY (verbal threshold)
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE – PROPERTY DAMAGE
- 621 UM or UIM CLAIM (includes bodily injury)
- 699 TORT – OTHER

Track III - 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 602 ASSAULT AND BATTERY
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV - Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL/ENVIRONMENTAL COVERAGE LITIGATION
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 513 COMPLEX CONSTRUCTION
- 514 INSURANCE FRAUD
- 620 FALSE CLAIMS ACT
- 701 ACTIONS IN LIEU OF PREROGATIVE WRITS

Multicounty Litigation (Track IV)

- | | |
|--|---|
| 271 ACCUTANE/ISOTRETINOIN | 289 REGLAN |
| 274 RISPERDAL/SEROQUEL/ZYPREXA | 290 POMPTON LAKES ENVIRONMENTAL LITIGATION |
| 278 ZOMETA/AREZIA | 291 PELVIC MESH/GYNECARE |
| 279 GADOLINIUM | 292 PELVIC MESH/BARD |
| 281 BRISTOL-MYERS SQUIBB ENVIRONMENTAL | 293 DEPUY ASR HIP IMPLANT LITIGATION |
| 282 FOSAMAX | 295 ALLODERM REGENERATIVE TISSUE MATRIX |
| 285 STRYKER TRIDENT HIP IMPLANTS | 296 STRYKER REJUVENATE/ABG II MODULAR HIP STEM COMPONENTS |
| 286 LEVAQUIN | 297 MIRENA CONTRACEPTIVE DEVICE |
| 287 YAZ/YASMIN/OCELLA | 601 ASBESTOS |
| 288 PRUDENTIAL TORT LITIGATION | 623 PROPECIA |

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Please check off each applicable category Putative Class Action Title 59

Exhibit I

Fee Waiver Request Form

Exhibit J

Superior Court Office Addresses

Directory of Superior Court Deputy Clerk's Offices County Lawyer Referral and Legal Services Offices

ATLANTIC COUNTY:

Deputy Clerk of the Superior Court
Civil Division, Direct Filing
1201 Bacharach Blvd., First Fl.
Atlantic City, NJ 08401

LAWYER REFERRAL
(609) 345-3444
LEGAL SERVICES
(609) 348-4200

BERGEN COUNTY:

Deputy Clerk of the Superior Court
Civil Division, Room 115
Justice Center, 10 Main St.
Hackensack, NJ 07601

LAWYER REFERRAL
(201) 488-0044
LEGAL SERVICES
(201) 487-2166

BURLINGTON COUNTY:

Deputy Clerk of the Superior Court
Central Processing Office
Attn: Judicial Intake
First Fl., Courts Facility
49 Rancocas Rd.
Mt. Holly, NJ 08060

LAWYER REFERRAL
(609) 261-4862
LEGAL SERVICES
(609) 261-1088

CAMDEN COUNTY:

Deputy Clerk of the Superior Court
Civil Processing Office
Hall of Justice
1st Fl., Suite 150
101 South 5th Street
Camden, NJ 08103

LAWYER REFERRAL
(856) 482-0618
LEGAL SERVICES
(856) 964-2010

CAPE MAY COUNTY:

Deputy Clerk of the Superior Court
9 N. Main Street
Cape May Court House, NJ 08210

LAWYER REFERRAL
(609) 463-0313
LEGAL SERVICES
(609) 465-3001

CUMBERLAND COUNTY:

Deputy Clerk of the Superior Court
Civil Case Management Office
60 West Broad Street
P.O. Box 10
Bridgeton, NJ 08302

LAWYER REFERRAL
(856) 696-5550
LEGAL SERVICES
(856) 691-0494

ESSEX COUNTY:

Deputy Clerk of the Superior Court
Civil Customer Service
Hall of Records, Room 201
465 Dr. Martin Luther King Jr. Blvd.
Newark, NJ 07102

LAWYER REFERRAL
(973) 622-6204
LEGAL SERVICES
(973) 624-4500

GLOUCESTER COUNTY:
Deputy Clerk of the Superior Court
Civil Case Management Office
Attn: Intake
First Fl., Court House
1 North Broad Street
Woodbury, NJ 08096

LAWYER REFERRAL
(856) 848-4589
LEGAL SERVICES
(856) 848-5360

HUDSON COUNTY:
Deputy Clerk of the Superior Court
Superior Court, Civil Records Dept.
Brennan Court House--1st Floor
583 Newark Ave.
Jersey City, NJ 07306

LAWYER REFERRAL
(201) 798-2727
LEGAL SERVICES
(201) 792-6363

HUNTERDON COUNTY:
Deputy Clerk of the Superior Court
Civil Division
65 Park Avenue
Flemington, NJ 08822

LAWYER REFERRAL
(908) 236-6109
LEGAL SERVICES
(908) 782-7979

MERCER COUNTY:
Deputy Clerk of the Superior Court
Local Filing Office, Courthouse
175 S. Broad Street, P.O. Box 8068
Trenton, NJ 08650

LAWYER REFERRAL
(609) 585-6200
LEGAL SERVICES
(609) 695-6249

MIDDLESEX COUNTY:
Deputy Clerk of the Superior Court,
Middlesex Vicinage
2nd Floor - Tower
56 Paterson Street, P.O. Box 2633
New Brunswick, NJ 08903-2633

LAWYER REFERRAL
(732) 828-0053
LEGAL SERVICES
(732) 249-7600

MONMOUTH COUNTY:
Deputy Clerk of the Superior Court
Court House
P.O. Box 1269
Freehold, NJ 07728-1269

LAWYER REFERRAL
(732) 431-5544
LEGAL SERVICES
(732) 866-0020

MORRIS COUNTY:
Morris County Courthouse
Civil Division
Washington and Court Streets
P. O. Box 910
Morristown, NJ 07963-0910

LAWYER REFERRAL
(973) 267-5882
LEGAL SERVICES
(973) 285-6911

OCEAN COUNTY:
Deputy Clerk of the Superior Court
118 Washington Street, Room 121
P.O. Box 2191
Toms River, NJ 08754-2191

LAWYER REFERRAL
(732) 240-3666
LEGAL SERVICES
(732) 341-2727

PASSAIC COUNTY:

Deputy Clerk of the Superior Court
Civil Division
Court House
77 Hamilton Street
Paterson, NJ 07505

LAWYER REFERRAL
(973) 278-9223
LEGAL SERVICES
(973) 523-2900

SALEM COUNTY:

Deputy Clerk of the Superior Court
Attn: Civil Case Management Office
92 Market Street
Salem, NJ 08079

LAWYER REFERRAL
(856) 935-5629
LEGAL SERVICES
(856) 691-0494

SOMERSET COUNTY:

Deputy Clerk of the Superior Court
Civil Division
P.O. Box 3000
40 North Bridge Street
Somerville, N.J. 08876

LAWYER REFERRAL
(908) 685-2323
LEGAL SERVICES
(908) 231-0840

SUSSEX COUNTY:

Deputy Clerk of the Superior Court
Sussex County Judicial Center
43-47 High Street
Newton, NJ 07860

LAWYER REFERRAL
(973) 267-5882
LEGAL SERVICES
(973) 383-7400

UNION COUNTY:

Deputy Clerk of the Superior Court
1st Fl., Court House
2 Broad Street
Elizabeth, NJ 07207-6073

LAWYER REFERRAL
(908) 353-4715
LEGAL SERVICES
(908) 354-4340

WARREN COUNTY:

Deputy Clerk of the Superior Court
Civil Division Office
Court House
413 Second Street
Belvidere, NJ 07823-1500

LAWYER REFERRAL
(908) 859-4300
LEGAL SERVICES
(908) 475-2010

Exhibit K

Proof of Mailing Form (Adult)

FORM D

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court Of New Jersey
Law Division
0 _____ County

Docket No. _____
(To be filled in by the court)

CIVIL ACTION

Proof of Mailing

On _____, I, the undersigned, mailed a copy of the Complaint for Change of Name and Order Fixing Date of Hearing in accordance with the rules of Civil Practice and Procedure to:

(check all that apply)

- the Division of Criminal Justice of New Jersey, via certified mail, return receipt requested;
- the Prosecutor of 0 _____ County, via regular mail and certified mail, return receipt requested;

NOTE: Attached are the green return mail receipt(s) for (check all that apply)

- the Division of Criminal Justice of New Jersey;
- the Prosecutor of 0 _____ County.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated

Signature

Exhibit L

Proof of Mailing Form (Minor)

FORM D

Name

Street Address

City, State, Zip

Telephone Number

Superior Court Of New Jersey
Law Division

County
Docket No. _____
(To be filled in by the court)

In the Matter of the Application of:

Your Name (first, middle, last)

To Change the Name of:

Name of Minor Child (first, middle, last)

To:

**CIVIL ACTION
Proof of Mailing**

On _____, I, the undersigned, mailed a copy of the Complaint for Name Change and Order Fixing Date of Hearing in accordance with the rules of Civil Practice and Procedure to:

(check all that apply)

- the Prosecutor of _____ County, via regular mail and certified mail, return receipt requested;
- the non-party parent of the minor child at his or her last known address, via certified mail, return receipt requested;

NOTE: Attached are the green return mail receipt(s) for (check all that apply)

- the Prosecutor of _____ County.
- the non-party parent of the minor child;

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated

Signature

Exhibit M

Records Request Form



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

- Pick Up
- US Mail
- On Site Inspection
- Fax
- Email

Request Needed By

Part A: Requestor Identification

Last Name		Middle Initial	First Name	
Address			Daytime Telephone (Include area code) ext.	
City	State	Zip Code	Fax/Email (optional)	

Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

- | | | |
|--|--|--|
| County _____ | <input type="checkbox"/> Appellate Division Clerk's Office | <input type="checkbox"/> Office of the Administrative Director |
| Division _____ | <input type="checkbox"/> Supreme Court Clerk's Office | <input type="checkbox"/> Municipal Court _____ |
| <input type="checkbox"/> Superior Court Clerk's Office | <input type="checkbox"/> Tax Court Clerk's Office | <input type="checkbox"/> Other _____ |

Part C: Case Identification

Case Name			Docket/Complaint/Ticket Number*		
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information: Defendant Name and alias(es), if any			Defendant Birth Date	Last 4 digits of Defendant's Social Security Number	
Indictment/Arrest Date	Indictment/Accusation/ Complaint/Municipal Number	Appeal Number	Sentencing Date	Name of Sentencing Judge	

Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

Part E: Copy Fees

Copy Fees: 5¢ per page letter size 7¢ per page legal size	Special Copy Requests - Additional fees will be charged <input type="checkbox"/> Seal only <input type="checkbox"/> Certified without Seal <input type="checkbox"/> Certified with Seal <input type="checkbox"/> Exemplified (includes Seal)	Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

For Judiciary Use Only

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable	Disposition Date
--	------------------

If request is denied or records are unavailable, explain here. Attach additional pages if necessary.

Exhibit N

Gender Designation Change Form



New Jersey Motor Vehicle Commission

Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or Identification Card

PART ONE: TO BE COMPLETED BY APPLICANT

Name: Last	First	M.I.	Date of Birth
Street Address	City/State	Zip Code	License/ Identification Number

I _____ wish to change the gender designation on my
(print name)
driver license/identification card to read: **M** or **F** (circle one).

I hereby certify, under penalty of law, that this request for change of sex designation is for the purpose of making my driver license/identification card reflect my gender identity, and is not for fraudulent or other unlawful purposes.

Signature: _____ Date: _____

Note: You must surrender your current driver's license or identification card and obtain a duplicate for the standard fee of \$11.00. In order to change a name on a driver license or identification card, you will need to follow MVC procedures, available at any motor vehicle agency/regional service center or online at www.njmvc.gov.

PART TWO: TO BE COMPLETED BY LICENSED MEDICAL OR SOCIAL SERVICE PROVIDER

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code

Provider Phone _____ Provider Email _____ Provider Organization or Professional License Number _____

I am a licensed:

- Physician
- Therapist or Counselor
- Social Worker
- Other (please describe) _____

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

Male **Female** and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under penalty of law, that the foregoing information is true and correct.

Signature: _____ Date: _____

(A misstatement of fact or false statement made in this or any application is punishable by fine and/or imprisonment and may result in the suspension of driving privileges. (N.J.S.A. 39:3-37))