



We Treat Kids Better

## **Approaching Challenging Paperwork in a Trans-Affirming Way**

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Center for Transyouth Health and Development



## Introduction



The Center for Transyouth Health and Development (CTYHD) at Children's Hospital Los Angeles employs a multidisciplinary team that utilizes multiple perspectives to ensure clients receive the care they need. Our young people often need letters of referral for Gender-Affirming Surgeries, as well as assistance navigating legal name and gender marker change paperwork. Systems connected to medical and legal entities are not always trans-affirming by design or by implementation, and our approach involves partnering with clients to support them in a flexible, knowledgeable, empathic, and holistic way throughout their journeys.

## More Introductions

If you are comfortable doing so, turn to the people next to you and fill in the blanks. It's okay if you aren't sure or if you don't want to participate!

“My name is \_\_\_\_\_,  
my pronouns are \_\_\_\_\_,  
and I'm here today because \_\_\_\_\_.”

# Learning Objectives

- Describe common requirements for letters of referral for Gender-Affirming Surgeries.
- Understand the process of completing and submitting legal name and gender marker change paperwork, including the information you need to gather as well as the forms you must fill out.
- Explain how a clinic staff can partner with clients to get the work done while:
  - Acknowledging the problems associated with these systems and minimizing client burden
  - Creating a sense of accomplishment and empowerment with clients

# Letters of Referral - Our protocol at CHLA



THE CENTER FOR  
TRANSYOUTH HEALTH  
AND DEVELOPMENT

**Referral Letters:** The CTYHD acknowledges that the practice of requiring referral letters for gender affirming procedures is a discriminatory practice that supports the continued disenfranchisement of trans community members...

All letters will be provided within two weeks of request unless otherwise discussed at case conference and communicated with individual requesting letter. Letters will follow requirements of the insurance company and include the minimum necessary for approval.

## What does this mean and why?

- We acknowledge that we are living in a cis-normative, hetero-normative world that puts undue burden on people of other genders and sexualities
- We have implemented a model that centers on informed consent, honoring people's autonomy and self-expertise
- We commit to providing clients the referral letters they need with minimal barriers
  - Only necessary information; nothing else (status)
  - In a timely manner (2 week turnaround)
- We don't support using referral letters as carrots to get people into therapy (that's not client-centered care)



# Letters of Referral - Requirements

- Based on WPATH Standards of Care Version 7
  - There is a good chance that this will change with Version 8.
- Not based on latest Endocrine Guidelines
- May look different depending on insurance provider
  - Each insurance company requires slightly different information based on their interpretation of the WPATH guidelines.
- Written by a licensed mental health professional (LCSW, LMFT, LPCC, Ph.D., Psy.D., MD)

# Letters of Referral Must Include

- Name and legal name if different
- Date of birth
- The name of the specific surgery they need
- Writer's contact and licensing information
- The requirements for the specific surgery (they aren't all the same; i.e. hair removal)
- Think of it this way: “An attestation to a person's capacity to consent to a procedure—that's all.”



## Letters of Referral Don't Include

- Anything not relevant to that specific surgery.
- Conditions that are outside your scope of practice, such as heart conditions, HIV status, etc.
- A narrative about the person's life
  - At one time, referral letters routinely included this. But not only is it intrusive—it's irrelevant.



# Misconceptions

- The writer must have a doctorate to provide a referral letter for genital surgeries
- The surgeon is the one who requires the referral letter
- Client needs to complete a set amount of time in therapy first
- Medi-Cal doesn't cover surgeries



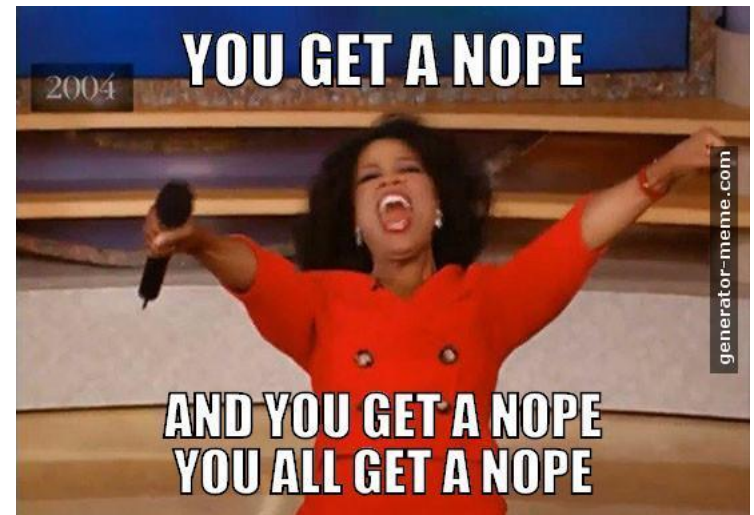
# So what DOES meeting with the client look like?

- A collaborative process of joining with a young person who is on their gender journey
- An opportunity to create and remember coping tools
  - When we are in pain it's easy to get bogged down by negative thoughts
- A space to explore thoughts, feelings, plans, and expectations
  - Surgery can be scary even if you are really excited about it
  - We can help people plan for their after-care
  - There is a lot of information out there; we don't know what clients have seen or heard until we talk with them

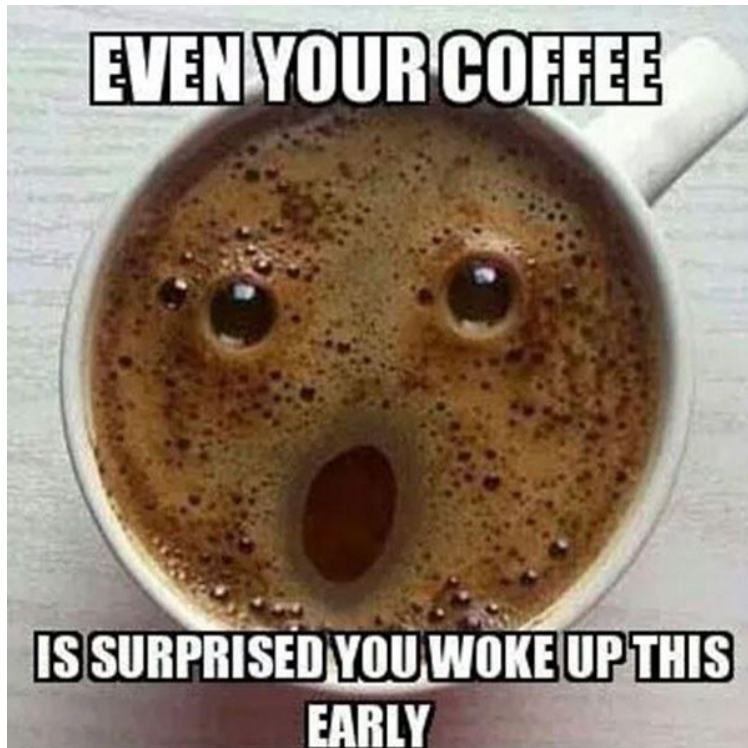


# What shouldn't happen

- A trial
  - Prove that you are not having any mixed feelings about these surgeries
  - Prove that you are trans enough for me to feel safe writing you a referral letter
- A lengthy process (unless the young person wants to do therapy, then great)
- Unnecessary extra work for the client (utilize existing information, relationships, and resources)



## Breather



- If you want to, get up and stretch!
- Take a 2-3 min break
- Nourish yourself (interpret however you like)
- Next up: Name and Gender Change Paperwork

# Name and Gender Change Paperwork

## Basic Information

Gather from patient

- Full Name (Old Name)
- Full Name (New Name)
- Date of Birth
- Current Address
- Place of Birth
- Phone Number

## Forms

- NC230
- NC220
- NC210
- NC200
- NC110
- Laciv226 - LA Specific
- Laciv109 - LA Specific
- CM010
- FW001

# Name and Gender Change Paperwork

## Court Information

Gather yourself

- Courthouse
- Address
- District

## Laws

Know yourself and inform

- AB 1121
- AB 433
- Somers v. Superior Court
- Client Advocacy

## Courts

<http://www.lacourt.org/>

<http://www.sb-court.org/>

<http://www.riverside.courts.ca.gov/>

<https://www.occourts.org/index.html>

Etc.

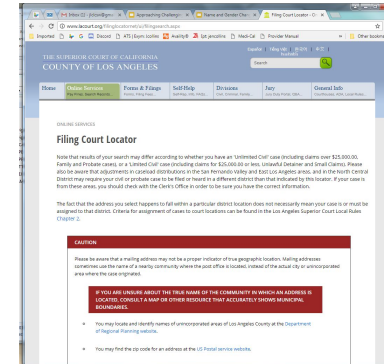


# LA - Finding the filing courthouse

## Filing Court Locator

Note that results of your search may differ according to whether you have an 'Unlimited Civil' case (including claims over \$25,000.00, Family and Probate cases), or a 'Limited Civil' case (including claims for \$25,000.00 or less, Unlawful Detainer and Small Claims). Please also be aware that adjustments in caseload distributions in the San Fernando Valley and East Los Angeles areas, and in the North Central District may require your civil or probate case to be filed or heard in a different district than that indicated by this locator. If your case is from these areas, you should check with the Clerk's Office in order to be sure you have the correct information.

The fact that the address you select happens to fall within a particular district location does not necessarily mean your case is or must be assigned to that district. Criteria for assignment of cases to court locations can be found in the Los Angeles Superior Court Local Rules Chapter 2.



<http://www.lacourt.org/filinglocator/ui/filingsearch.aspx>

### CAUTION

Please be aware that a mailing address may not be a proper indicator of true geographic location. Mailing addresses sometimes use the name of a nearby community where the post office is located, instead of the actual city or unincorporated area where the case originated.

**IF YOU ARE UNSURE ABOUT THE TRUE NAME OF THE COMMUNITY IN WHICH AN ADDRESS IS LOCATED, CONSULT A MAP OR OTHER RESOURCE THAT ACCURATELY SHOWS MUNICIPAL BOUNDARIES.**

- You may locate and identify names of unincorporated areas of Los Angeles County at the [Department of Regional Planning website](#).
- You may find the zip code for an address at the [US Postal service website](#).

### IMPORTANT NOTICE REGARDING UNLAWFUL DETAINER

The Filing Court Locator will be updated on 01/05/15 for communities to be served by the Van Nuys and Norwalk Courthouses. Please see the [Notice to Attorneys](#) dated Dec 10, 2014 for further information and specific zip codes assigned to those locations.

# Court locations

## CHOICE 1: SEARCH FOR THE LASC DISTRICT & COURTHOUSE WHERE YOUR CASE BELONGS

Enter a city/community, a zip code, or both and click search.

City / Community:

Zip Code:

## CHOICE 2: GET A LIST OF CITIES/COMMUNITIES ASSIGNED TO A COURT IN A LASC DISTRICT

Select a filing court and click search.

Filing Court:

Alhambra Courthouse  
Bellflower Courthouse  
Beverly Hills Courthouse  
Burbank Courthouse  
Catalina Courthouse  
Chatsworth Courthouse  
Compton Courthouse  
Downey Courthouse  
East Los Angeles Courthouse  
El Monte Courthouse

Glendale Courthouse  
Governor George Deukmejian Courthouse  
Inglewood Courthouse  
Michael Antonovich Antelope Valley Courthouse  
Norwalk Courthouse  
Pasadena Courthouse  
Pomona Courthouse South  
San Fernando Courthouse  
Santa Clarita Courthouse

Santa Monica Courthouse  
Stanley Mosk Courthouse  
Torrance Courthouse  
Van Nuys Courthouse East  
West Covina Courthouse

# Examples

## SEARCH RESULTS

City / Community	Zip Code	Unlimited Civil (exclude Personal Injury)	Unlimited Civil (Personal Injury)	Family Law and Restraining Orders	Probate	Limited Civil (exclude Collection)	Limited Civil (Collection)	Limited Unlawful Detainer	Small Claims
ALHAMBRA	91803	Burbank Courthouse or Glendale Courthouse	Stanley Mosk Courthouse	Pasadena Courthouse	Stanley Mosk Courthouse	Stanley Mosk Courthouse	Chatsworth Courthouse	Pasadena Courthouse	Alhambra Courthouse
BURBANK	91505	Burbank Courthouse	Stanley Mosk Courthouse	Pasadena Courthouse	Stanley Mosk Courthouse	Stanley Mosk Courthouse	Chatsworth Courthouse	Pasadena Courthouse	Alhambra Courthouse
LOS ANGELES	91505	Burbank Courthouse	Stanley Mosk Courthouse	Pasadena Courthouse	Stanley Mosk Courthouse	Stanley Mosk Courthouse	Chatsworth Courthouse	Pasadena Courthouse	Alhambra Courthouse

# Finding the district

CONTACTS AND LOCATIONS


List Courthouses By **Name** ▾

## Courthouses in Los Angeles County




Airport Courthouse  
11701 S. La Cienega  
Los Angeles, CA 90045

CRM



Alfred J. McCourtney Juvenile Justice Center  
1040 W. Avenue J  
Lancaster, CA 93534

JVDEP JVDEL




Alhambra Courthouse  
150 West Commonwealth  
Alhambra, CA 91801

CRM SMCL



Bellflower Courthouse  
10025 East Flower Street  
Bellflower, CA 90706

CRM TR



Beverly Hills Courthouse  
9355 Burton Way  
Beverly Hills, CA 90210

TR



Burbank Courthouse  
300 East Olive  
Burbank, CA 91502

CIV CRM TR



Catalina Courthouse  
215 Sumner Avenue  
Avalon, CA 90704

CRM




Central Arraignment Courthouse  
429 Bauchet St.  
Los Angeles, CA 90012

CRM



Central Civil West Courthouse  
600 South Commonwealth Ave.  
Los Angeles, CA 90005

CIV FL




Chatsworth Courthouse  
9425 Penfield Ave.  
Chatsworth, CA 91311

CIV FL TR



Clara Shortridge Foltz Criminal Justice Center  
210 West Temple Street  
Los Angeles, CA 90012

CRM



Compton Courthouse  
200 West Compton Blvd.  
Compton, CA 90220

CIV CRM FL JVDEL TR

Search Courthouses

Search

To quickly find a courthouse, enter a city, courthouse name, or any part of its address:

FIND COURTHOUSE

Browse Courthouses

Browse

All Courthouses (38)

Jury Courthouses (22)

LA County Regions

Find a courthouse by browsing Los Angeles County regions, including Downtown LA, San Fernando Valley, South Bay, Southeast LA, Westside, and more.

LA County Regions ▾

LA Court Divisions

Find a courthouse based on the types of cases heard at each courthouse.

- AP Appellate (1)
- CIV Civil (14)
- CRM Criminal (24)
- FL Family Law (12)
- JVDEP Juvenile Dependency (3)
- JVDEL Juvenile Delinquency (8)
- MH Mental Health (1)
- PRB Probate (2)
- SMCL Small Claims (6)
- TR Traffic (18)

LA Court Judicial Districts

Courthouses are administratively grouped into court districts. View courthouses by district.

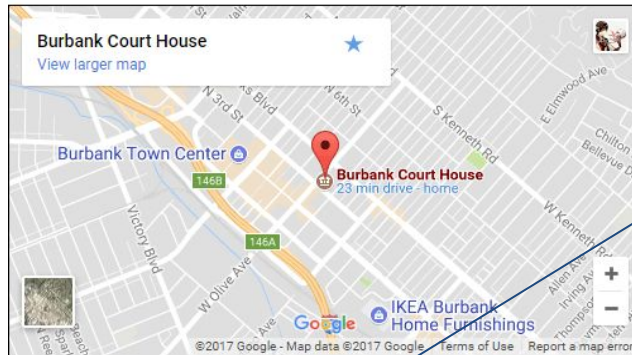
Central (10)

East (3)

<http://www.lacourt.org/courthouse>

## COURTHOUSES

### Burbank Courthouse Location, Parking and Business Hours



#### GENERAL INFORMATION

Burbank Courthouse  
300 East Olive  
Burbank, CA 91502

#### BUILDING HOURS

The courthouse is open from 8:00 a.m. to 4:30 p.m. and the Clerk's Office is open from 8:30 a.m. to 4:30 p.m. Monday through Friday, except court holidays.

#### PARKING INFORMATION

**General Parking:** Parking is available in the parking structure located behind the Courthouse for up to three hours.

**For Jurors:** See [Juror Information](#) to learn about juror parking.

## Information needed for documents

- General Information
- Judicial District

The Burbank Courthouse belongs to the **North Central Judicial District** of Los Angeles.

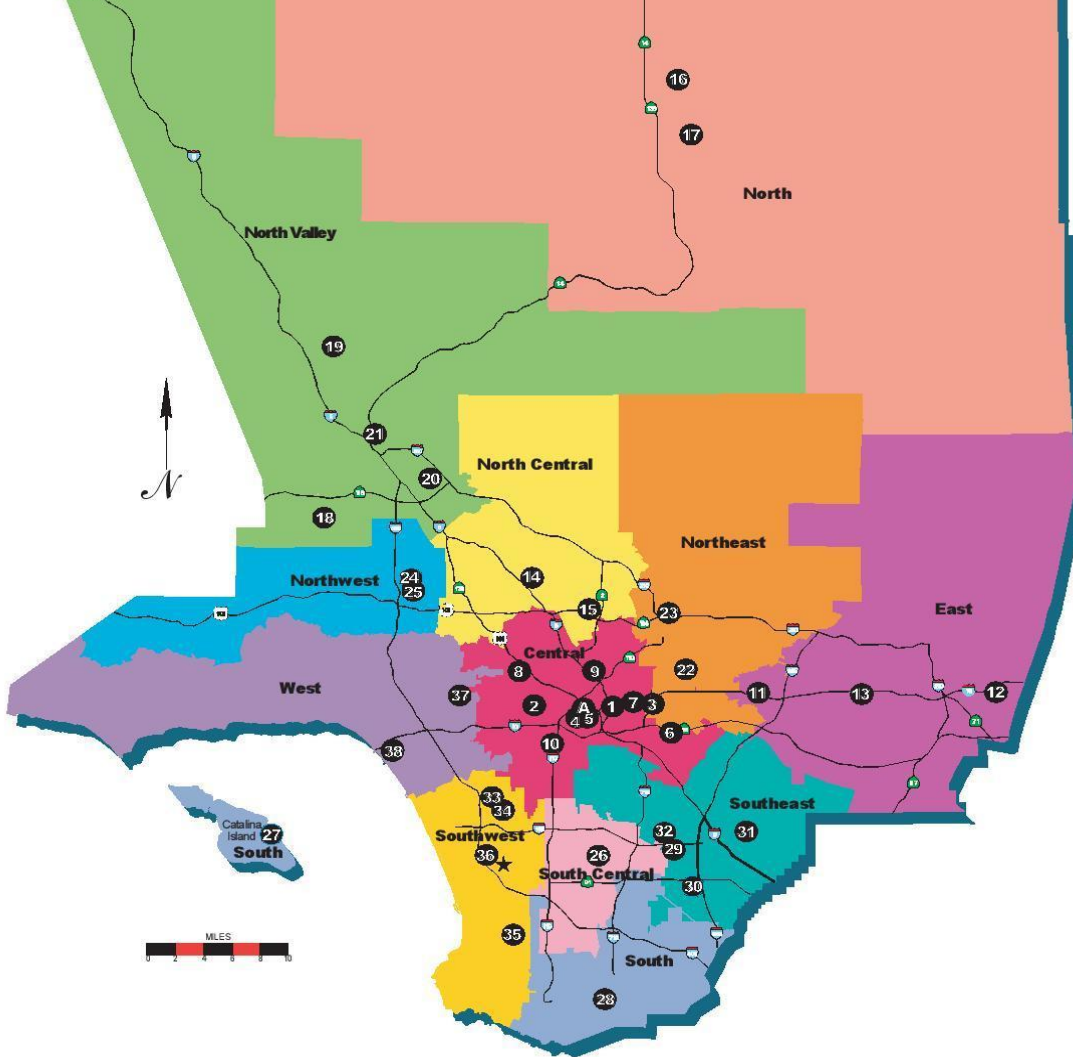
Map of LA  
Judicial Districts



#### ATTENTION!

The Los Angeles Superior Court prohibits certain items from being brought into the courthouses. Please [click here](#) to view the list of prohibited items.

# Map of Los Angeles Districts



<b>Central</b>	
Central Arraignment Court .....	1
Central Civil West .....	2
Edmund D. Edelman Children's Court .....	3
Stanley Mosk Courthouse .....	4
Clara Shortridge Foltz Criminal Justice Center .....	5
East Los Angeles Courthouse .....	6
Eastlake Juvenile Court .....	7
Hollywood Courthouse .....	8
Mental Health Courthouse .....	9
Metropolitan Courthouse .....	10
Hall of Records - Court Archives and Records Center, CTS, Jury Services .....	A
<b>East</b>	
El Monte Courthouse .....	11
Pomona Courthouse, South .....	12
West Covina Courthouse .....	13

<b>North Central</b>	
Burbank Courthouse .....	14
Glendale Courthouse .....	15
<b>North District</b>	
Lancaster Juvenile Justice Center .....	16
Michael D. Antonovich Antelope Valley Courthouse .....	17
<b>North Valley District</b>	
Chatsworth Courthouse .....	18
Santa Clarita Courthouse .....	19
San Fernando Courthouse .....	20
Sylmar Juvenile Court .....	21
<b>Northeast District</b>	
Alhambra Courthouse .....	22
Pasadena Courthouse .....	23
<b>Northwest District</b>	
Van Nuys Courthouse, East .....	24
Van Nuys Courthouse, West .....	25

<b>South Central District</b>	
Compton Courthouse .....	26
<b>South District</b>	
Catalina Courthouse .....	27
Gov. George Deukmejian Courthouse .....	28
<b>Southeast District</b>	
Downey Courthouse .....	29
Bellflower Courthouse .....	30
Norwalk Courthouse .....	31
Los Padrinos Juvenile Court .....	32
<b>Southwest District</b>	
Inglewood Courthouse .....	33
Inglewood Juvenile Court .....	34
Torrance Courthouse .....	35
<b>West District</b>	
Airport Courthouse* .....	36
Beverly Hills Courthouse .....	37
Santa Monica Courthouse .....	38

\* Geographically located in the Southwest District

# San Bernardino District

Superior Court of California

County of San Bernardino

Civil Division of the San Bernardino District

247 West Third Street

San Bernardino CA 92415-zip-code + four

**Civil: 92415-0210**

Civil Information 909-708-8678

## Civil Division of the San Bernardino District

### DO NOT NEED FORMS

- laciv226
- laciv109



San Bernardino Justice Center



# Exceptions

- County of San Bernardino
- County of Riverside
- County of Orange
- County of Oxnard
- County of Ventura
- County of Santa Barbara
- Etc.





# Laws

<http://transgenderlawcenter.org/>

# Law AB 1121

## Gender identity: petition for change of name

- The process for transgender people born in California to obtain an accurate birth certificate was made easier by removing the requirement that they present a court-ordered gender change in order to amend a gender marker on a birth certificate. Instead, they now have the option to just submit a form and a doctor's letter directly to the state Department of Public Health along with a \$23 fee.
- Individuals seeking to obtain a name change for purposes of gender transition are no longer required to: (a) publish their name change order in a newspaper; or (b) attend an in-person court hearing unless another person challenges the name change.

# Law AB 433

## Vital Statistics Modernization Act

- The medical standard for obtaining a court-ordered gender change and updating the gender on a California issued birth certificate from “sex reassignment surgery” to “clinically appropriate treatment for the purposes of gender transition.”
- This law also clarified that both individuals born in California and individuals who currently reside in California may petition a California court for a gender change.

# Somers vs. Superior Court

- California Court of Appeal ruled in April of 2009 that individuals can petition a California court to amend their California birth certificates regardless of their current states of residence.

# Client Advocacy

- An undocumented transgender person from international sources is able to reach out and seek help to legally change their name so that their immigration paperwork could be issued under their current name. In 2012, due to the changes to California's gender change law, we are able to help them file for a court-ordered gender change. We are allowed to help fill out the paperwork and explain to doctors how to write a letter confirming that the patient had clinically-appropriate treatment for gender transition.

# Basic Forms

<http://www.courts.ca.gov/25797.htm>

NC-230	
PETITIONER OR ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITION OF (Name of petitioner): _____ FOR CHANGE OF NAME AND GENDER	
DECREE CHANGING NAME AND GENDER	CASE NUMBER: _____

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

#### THE COURT FINDS

2. a. All notices required by law have been given.
- b. Each person whose name is to be changed identified in item 3 below
  - (1)  is not  is under the jurisdiction of the Department of Corrections, and
  - (2)  is not  is required to register as a sex offender under section 290 of the Penal Code.
 These determinations were made  by using CLETS/CJIS  based on information provided to the clerk of the court by a local law enforcement agency.
- c.  No objections to the proposed change of name were made.
- d.  Objections to the proposed change of name were made by (name): \_\_\_\_\_
- e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
- f.  Other findings (if any): \_\_\_\_\_

#### THE COURT ORDERS

3. The name of (present name): \_\_\_\_\_ is changed to (new name): \_\_\_\_\_

#### THE COURT FURTHER ORDERS

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

#### THE COURT FURTHER ORDERS

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

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT  
 SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT

Page 1 of 1

**What needs to be filled out:**  
 Petitioner or Attorney:  
 \*Full Name (old), In pro per  
 Address  
 City, State, Zip  
 Phone  
 Attorney For: Full Name (old), Petitioner

Court  
 Street address, Mailing Address: Address  
 City and Zip  
 Branch name

\*Petition of: Full Name (old)

3. The name of (present name)  
 is changed to (new name)

4. The gender of (new name)  
 is changed:

- A. from male to female
- B. from female to male

\*Different for Minor

# NC230 Example

NC-230

PETITIONER OR ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITION OF (Name of petitioner): _____ <p style="text-align: center;">FOR CHANGE OF NAME AND GENDER</p>	<b>FOR COURT USE ONLY</b>    CASE NUMBER:
<b>DECREE CHANGING NAME AND GENDER</b>	

The petition came regularly for hearing on (date): \_\_\_\_\_ in Courtroom: \_\_\_\_\_ of the above-entitled court.

**THE COURT FINDS**

2.  All notices required by law have been given.  
 b. Each person whose name is to be changed identified in item 3 below  
 (1)  is not  is under the jurisdiction of the Department of Corrections, and  
 (2)  is not  is required to register as a sex offender under section 290 of the Penal Code.  
 These determinations were made  by using CLETS/CJIS  based on information provided to the clerk of the court by a local law enforcement agency.  
 c.  No objections to the proposed change of name were made.  
 d.  Objections to the proposed change of name were made by (name): \_\_\_\_\_  
 e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.  
 f.  Other findings (if any): \_\_\_\_\_

**THE COURT ORDERS**

3. The name of (present name): \_\_\_\_\_ is changed to (new name): \_\_\_\_\_

**THE COURT FURTHER ORDERS**

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

**THE COURT FURTHER ORDERS**

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

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT  
 SIGNATURE OF JUDGE FOLLOWING LIST ATTACHMENT

Page 1 of 1

**What needs to be filled out:**  
 Petitioner or Attorney:

\*Full Name (old), In pro per  
 Address

City, State, Zip

Phone

Attorney For: Full Name (old), Petitioner

Court

Street address, Mailing Address: Address

City and Zip

Branch name

\*Petition of: Full Name (old)

3. The name of (present name)  
 is changed to (new name)

4. The gender of (new name)  
 is changed:

A. from male to female

B. from female to male

\*Different for Minor



NC-220

PETITIONER OR ATTORNEY (Name, State Bar number, and address): STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF (Name of petitioner): <p style="text-align: center;">FOR CHANGE OF NAME AND GENDER</p>	
<b>ORDER TO SHOW CAUSE FOR CHANGE OF NAME</b>	CASE NUMBER:

TO ALL INTERESTED PERSONS:

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

**NOTICE OF HEARING**

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

3.  Other (*specify*): \_\_\_\_\_

Date: \_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

Page 1 of 1

Form Adopted for Mandatory Use  
 Judicial Council of California  
 NC-220 (Rev. July 1, 2014)

**ORDER TO SHOW CAUSE  
 FOR CHANGE OF NAME**

Code of Civil Procedure, § 1275 et seq. 1  
 Health and Safety Code, §§ 102420, 102425  
 www.courts.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

[Print this form](#)

[Save this form](#)

[Clear this form](#)

**What needs to be filled out:  
 Petitioner or Attorney:**

**\*Full Name (old), In pro per  
 Address**

**City, State, Zip**

**Phone**

**Attorney For: Full Name (old), Petitioner**

**Court**

**Street address, Mailing Address: Address**

**City and Zip**

**Branch name**

**\*Petition of: Full Name (old)**

**Petitioner (present name): Name (Old)**

**(proposed name): FULL! Name (New)**

**\*Different for Minor**

NC-210/NC-310

PETITION OF (Name):	CASE NUMBER:
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Page \_\_\_\_ of \_\_\_\_

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

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

## What needs to be filled out:

## MD Letter Section

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PHYSICIAN)



\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN)

Page 1 of 1

Form Approved for Optional Use  
Judicial Council of California  
NC-210/NC-310 (Rev. January 1, 2012)

**DECLARATION OF PHYSICIAN—ATTACHMENT TO PETITION  
(Change of Name and Gender/Change of Gender)**

Health and Safety Code, §§ 103425, 103430,  
103435, 103440  
www.courts.ca.gov

PETITION OF (Name): John Smith	CASE NUMBER: 
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Page \_\_\_ of \_\_\_

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

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

June 22nd, 2018 (change)

To Whom It May Concern,

I, Doctor Strange, MD (ca lic #A012345, DEA BO1234567), am the attending physician of John Smith (asserted name Jane Smith) DOB 01/01/2000 (Change), with whom I have a doctor/patient relationship. Jane (change) has undergone clinically appropriate treatment for the purpose of gender transition to female (Change) and should be considered female (change) in all respects. I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Sworn to this 22nd day of June, 2018 (change) in Los Angeles, California.

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

Sincerely,

(SIGN HERE)

Doctor Strange, MD  
Medical Director- The Center of Trans Health and Development  
Spiritual Hospital  
Associate Professor of Clinical Medicine  
School of Hard knocks  
(ADDRESS)

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

Date: (DATE)

(PRINT CLEARLY HERE)

(TYPE OR PRINT NAME OF PHYSICIAN)

(SIGNATURE OF PHYSICIAN)

Page 1 of 1

Form Approved for Optional Use  
Judicial Council of California  
NC-210/NC-310 (Rev. January 1, 2012)

**DECLARATION OF PHYSICIAN—ATTACHMENT TO PETITION  
(Change of Name and Gender/Change of Gender)**

Health and Safety Code, §§ 103425, 103430,  
103435, 103440  
www.courts.ca.gov

# Example of Letter

**Children's  
Hospital  
LOS ANGELES**

We Treat Kids Better

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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NC-200

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address); STATE BAR NO. NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITION OF (Name):		
<b>PETITION FOR CHANGE OF NAME AND GENDER</b>		CASE NUMBER:

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

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

(instructions on next page)

Page 1 of 2

**Page 1**  
**What needs to be filled out:**  
 Petitioner or Attorney:  
 \*Full Name (old), In pro per  
 Address  
 City, State, Zip  
 Phone  
 Attorney For: Full Name (old), Petitioner

Court  
 Street address, Mailing Address: Address  
 City and Zip  
 Branch name

\*Petition of: Full Name (old)

1. The name of (present name)
2. is changed to (new name)
3. The gender of (new name)  
 is changed:  
 A. from male to female  
 B. from female to male

\*Different for Minor

## INSTRUCTIONS FOR FILING A PETITION FOR CHANGE OF NAME AND GENDER

1. **Where to File**  
The petition for change of name and gender must be filed in the superior court in the county where the petitioner presently lives.
2. **Whose Name May Be Changed**  
The petition may be used to change one's name and gender.
3. **What Forms Are Required**  
You need an original and two copies of each of the following documents:
  - a. *Petition for Change of Name and Gender* (form NC-200)
  - b. *Name and Information About the Person Whose Name Is to Be Changed (Attachment to Petition)* (form NC-110)
  - c. *Declaration of Physician* (form NC-210) (signed by the physician and attached to form NC-200)
  - d. *Order to Show Cause for Change of Name* (form NC-220)
  - e. *Decree Changing Name and Gender* (form NC-230)
4. **Filing and Filing Fee**  
Prepare an original *Civil Case Cover Sheet* (form CM-010). File the original petition and *Civil Case Cover Sheet* with the clerk of the court and obtain two filed-endorsed copies of the petition. A filing fee will be charged unless you qualify for a fee waiver. (If you want to apply for a fee waiver, see *Request to Waive Court Fees* (form FW-001) and *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO).)
5. **Requesting a Court Hearing Date**  
You should request a date for the hearing on the *Order to Show Cause* at least six weeks in the future.
6. **Filing the Order to Show Cause**  
After the hearing date has been included and you have obtained a judge's signature on the *Order to Show Cause*, file the original order in the clerk's office and obtain filed-endorsed copies of the order.
7. **Domestic Violence Confidentiality Program**  
In cases where the petitioner is a participant in the state address confidentiality program (Safe at Home), the petition, the order to show cause, and the decree should, instead of giving the proposed name, indicate that the name is confidential and on file with the Secretary of State. See *Information Sheet for Name Change Proceedings Under Address Confidentiality Program* (Safe at Home) (form NC-400-INFO).
8. **Court Hearing**  
Bring copies of all documents to the hearing. If the judge grants the name and gender change petition, the judge will sign the original decree.
9. **Birth Certificate**  
To obtain a new birth certificate reflecting the change of gender, file a certified copy of the order within 30 days with the Secretary of State and the State Registrar and pay the applicable fees. You may write or contact the State Registrar at:

California Department of Public Health  
 Vital Records – MS 5103  
 P.O. Box 997410  
 Sacramento, CA 95899-7410  
 Phone: 916-445-2684  
 Website: [www.cdph.ca.gov](http://www.cdph.ca.gov)

Local courts may supplement these instructions. Check with the court to determine whether supplemental information is available. For instance, the court may provide you with additional written information identifying the department that handles name and gender change petitions, and the times when petitions are heard.

## Page 2

### What needs to be filled out: Personal reading

PETITION OF (Name of petitioner or petitioners): _____	CASE NUMBER: _____
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**NAME AND INFORMATION ABOUT THE PERSON  
WHOSE NAME IS TO BE CHANGED**

Attachment \_\_\_\_ of \_\_\_\_

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

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

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

- b.  Self  Other
- (1) Present name (specify): \_\_\_\_\_
- (2) Proposed name (specify): \_\_\_\_\_
- (3) Born on (date of birth): \_\_\_\_\_  
and presently  under 18 years of age  over 18 years of age
- (4) Born at (place of birth): \_\_\_\_\_
- (5) Sex (as stated on original birth certificate):  Male  Female
- (6) Current residence address (street, city, county, and zip code): \_\_\_\_\_

c. Reason for name change (explain): \_\_\_\_\_

- d. Relationship of the petitioner to the person whose name will be changed:
- (1)  self (4)  near relative (indicate relationship): \_\_\_\_\_
- (2)  parent (5)  other (specify): \_\_\_\_\_
- (3)  guardian

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

- (1) Father (name): \_\_\_\_\_ (address): \_\_\_\_\_
- (2) Mother (name): \_\_\_\_\_ (address): \_\_\_\_\_
- (3) (Only if neither parent is living) Near relatives (names, relationships, and addresses): \_\_\_\_\_

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

<b>DECLARATION</b>	
I declare under penalty of perjury under the laws of the State of California that <input type="checkbox"/> I am not <input type="checkbox"/> I am _____ under the jurisdiction of the California Department of Corrections (in state prison or on parole) and <input type="checkbox"/> I am not <input type="checkbox"/> I am _____ required to register as a sex offender under Penal Code section 290.	
Date: _____	_____
<small>(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)</small>	<small>(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)</small>

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

Date: \_\_\_\_\_

\_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_

(SIGNATURE OF ATTORNEY)

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

Date: \_\_\_\_\_

\_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date: \_\_\_\_\_

\_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_

(SIGNATURE OF PETITIONER)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS  SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

**What needs to be filled out:**  
(Top left) Petition of: Full name (old)

6b: Self, other

1: Old name

2: New Name

3: DoB

<18 or >18

4: place of birth

5: Sex on birth certificate

6: Current residence

6c: Reason for name change

= to better match my identity

6d: Relationship to name recipient

\*6e only needed if other than self

Father, address

Mother, address

Other

Declaration:

Am not/ Am = x2

\*Petitioner - Print Name

\*Different for Minor

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.: <input style="width: 150px;" type="text"/> FAX NO.:			
ATTORNEY FOR (Name):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CASE NAME:			
<b>CIVIL CASE COVER SHEET</b> <input type="checkbox"/> <b>Unlimited</b> (Amount demanded exceeds \$25,000) <input type="checkbox"/> <b>Limited</b> (Amount demanded is \$25,000 or less)		<b>Complex Case Designation</b> <input type="checkbox"/> <b>Counter</b> <input type="checkbox"/> <b>Joinder</b> Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	
		CASE NUMBER:	
		JUDGE:	
		DEPT:	

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

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

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

2. This case  is  is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (*check all that apply*): a.  monetary   b.  nonmonetary; declaratory or injunctive relief   c.  punitive
4. Number of causes of action (*specify*):
5. This case  is  is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (*You may use form CM-015.*)

Date: \_\_\_\_\_

▶

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

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

Page 1  
 What needs to be filled out:  
 Petitioner or Attorney:  
 \*Full Name (old), In pro per  
 Address  
 City, State, zip  
 Phone  
 Attorney For: Full Name (old), Petitioner

Court  
 Street address, Mailing Address: Address  
 City and Zip  
 Branch name

\*Case Name: Full Name (old)

Civil Case - Unlimited

Other Petition (not specified above)

2. This case - IS NOT  
 5. Class Action suit - is not

\*Different for Minor



## INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

**To Plaintiffs and Others Filing First Papers.** If you are filing a first paper (for example, a complaint) in a civil case, you must complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

**To Parties in Rule 3.740 Collections Cases.** A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than \$25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

**To Parties in Complex Cases.** In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

### CASE TYPES AND EXAMPLES

#### Auto Tort

Auto (22)—Personal Injury/Property Damage/Wrongful Death  
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

#### Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)  
Asbestos Property Damage  
Asbestos Personal Injury/  
Wrongful Death  
Product Liability (*not asbestos or toxic/environmental*) (24)  
Medical Malpractice (45)  
Medical Malpractice—  
Physicians & Surgeons  
Other Professional Health Care  
Malpractice  
Other PI/PD/WD (23)  
Premises Liability (e.g., slip and fall)  
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)  
Intentional Infliction of  
Emotional Distress  
Negligent Infliction of  
Emotional Distress  
Other PI/PD/WD

#### Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)  
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)  
Defamation (e.g., slander, libel) (13)  
Fraud (16)  
Intellectual Property (19)  
Professional Negligence (25)  
Legal Malpractice  
Other Professional Malpractice (*not medical or legal*)  
Other Non-PI/PD/WD Tort (35)

#### Employment

Wrongful Termination (36)  
Other Employment (15)

#### Contract

Breach of Contract/Warranty (06)  
Breach of Rental/Lease  
Contract (*not unlawful detainer or wrongful eviction*)  
Contract/Warranty Breach—Seller  
Plaintiff (*not fraud or negligence*)  
Negligent Breach of Contract/  
Warranty  
Other Breach of Contract/Warranty  
Collections (e.g., money owed, open book accounts) (09)  
Collection Case—Seller Plaintiff  
Other Promissory Note/Collections Case  
Insurance Coverage (*not provisionally complex*) (18)  
Auto Subrogation  
Other Coverage  
Other Contract (37)  
Contractual Fraud  
Other Contract Dispute

#### Real Property

Eminent Domain/Inverse  
Condemnation (14)  
Wrongful Eviction (33)  
Other Real Property (e.g., quiet title) (26)  
Writ of Possession of Real Property  
Mortgage Foreclosure  
Quiet Title  
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)  
Unlawful Detainer  
Commercial (31)  
Residential (32)  
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*) (19)

#### Judicial Review

Asset Forfeiture (05)  
Petition Re: Arbitration Award (11)  
Writ of Mandate (02)  
Writ—Administrative Mandamus  
Writ—Mandamus on Limited Court Case Matter  
Writ—Other Limited Court Case Review  
Other Judicial Review (39)  
Review of Health Officer Order  
Notice of Appeal—Labor Commissioner Appeals

#### Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)

Antitrust/Trade Regulation (03)  
Construction Defect (10)  
Claims Involving Mass Tort (40)  
Securities Litigation (28)  
Environmental/Toxic Tort (30)  
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

#### Enforcement of Judgment

Enforcement of Judgment (20)  
Abstract of Judgment (Out of County)  
Confession of Judgment (*non-domestic relations*)  
Sister State Judgment  
Administrative Agency Award (*not unpaid taxes*)  
Petition/Certification of Entry of Judgment on Unpaid Taxes  
Other Enforcement of Judgment Case

#### Miscellaneous Civil Complaint

RICO (27)  
Other Complaint (*not specified above*) (42)  
Declaratory Relief Only  
Injunctive Relief Only (*non-harassment*)  
Mechanics Lien  
Other Commercial Complaint Case (*non-tort/non-complex*)  
Other Civil Complaint (*non-tort/non-complex*)

#### Miscellaneous Civil Petition

Partnership and Corporate Governance (21)  
Other Petition (*not specified above*) (43)  
Civil Harassment  
Workplace Violence  
Elder/Dependent Adult Abuse  
Election Contest  
Petition for Name Change  
Petition for Relief From Late Claim  
Other Civil Petition

## Page 2 What needs to be filled out: Personal reading



## Page 1

What needs to be filled out:  
(top left) Short Title: In re: Full Name (old)

To page 3

SHORT TITLE:	CASE NUMBER:
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### CIVIL CASE COVER SHEET ADDENDUM AND STATEMENT OF LOCATION (CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)

This form is required pursuant to Local Rule 2.0 in all new civil case filings in the Los Angeles Superior Court.

**Item I.** Check the types of hearing and fill in the estimated length of hearing expected for this case:

JURY TRIAL?  YES CLASS ACTION?  YES LIMITED CASE?  YES TIME ESTIMATED FOR TRIAL \_\_\_\_\_  HOURS/  DAYS

**Item II.** Indicate the correct district and courthouse location (4 steps – If you checked “Limited Case”, skip to Item III, Pg. 4):

**Step 1:** After first completing the Civil Case Cover Sheet form, find the main Civil Case Cover Sheet heading for your case in the left margin below, and, to the right in Column **A**, the Civil Case Cover Sheet case type you selected.

**Step 2:** Check one Superior Court type of action in Column **B** below which best describes the nature of this case.

**Step 3:** In Column **C**, circle the reason for the court location choice that applies to the type of action you have checked. For any exception to the court location, see Local Rule 2.0.

#### Applicable Reasons for Choosing Courthouse Location (see Column C below)

- Class actions must be filed in the Stanley Mosk Courthouse, central district.
- May be filed in central (other county, or no bodily injury/property damage).
- Location where cause of action arose.
- Location where bodily injury, death or damage occurred.
- Location where performance required or defendant resides.
- Location of property or permanently garaged vehicle.
- Location where petitioner resides.
- Location wherein defendant/respondent functions wholly.
- Location where one or more of the parties reside.
- Location of Labor Commissioner Office

**Step 4:** Fill in the information requested on page 4 in Item III; complete Item IV. Sign the declaration.

	<b>A</b> Civil Case Cover Sheet Category No.	<b>B</b> Type of Action (Check only one)	<b>C</b> Applicable Reasons - See Step 3 Above
Auto Tort	Auto (22)	<input type="checkbox"/> A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1., 2., 4.
	Uninsured Motorist (46)	<input type="checkbox"/> A7110 Personal Injury/Property Damage/Wrongful Death – Uninsured Motorist	1., 2., 4.
Other Personal Injury/ Property Damage/ Wrongful Death Tort	Asbestos (04)	<input type="checkbox"/> A6070 Asbestos Property Damage	2.
		<input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	2.
	Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1., 2., 3., 4., 8.
	Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons	1., 4.
		<input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1., 4.
Other Personal Injury Property Damage Wrongful Death (23)	<input type="checkbox"/> A7250 Premises Liability (e.g., slip and fall)	1., 4.	
	<input type="checkbox"/> A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.)	1., 4.	
	<input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress	1., 3.	
	<input type="checkbox"/> A7220 Other Personal Injury/Property Damage/Wrongful Death	1., 4.	

**Page 2**  
**What needs to be filled out:**  
**Nothing > Page 3**

SHORT TITLE:	CASE NUMBER:
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	<b>A</b> Civil Case Cover Sheet Category No.	<b>B</b> Type of Action (Check only one)	<b>C</b> Applicable Reasons - See Step 3 Above
<b>Non-Personal Injury/Property Damage/ Wrongful Death Tort</b>	Business Tort (07)	<input type="checkbox"/> A6029 Other Commercial/Business Tort (not fraud/breach of contract)	1., 3.
	Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination	1., 2., 3.
	Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel)	1., 2., 3.
	Fraud (16)	<input type="checkbox"/> A6013 Fraud (no contract)	1., 2., 3.
	Professional Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal)	1., 2., 3. 1., 2., 3.
	Other (35)	<input type="checkbox"/> A6025 Other Non-Personal Injury/Property Damage tort	2., 3.
<b>Employment</b>	Wrongful Termination (36)	<input type="checkbox"/> A6037 Wrongful Termination	1., 2., 3.
	Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case <input type="checkbox"/> A6109 Labor Commissioner Appeals	1., 2., 3. 10.
<b>Contract</b>	Breach of Contract/ Warranty (06) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) <input type="checkbox"/> A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) <input type="checkbox"/> A6019 Negligent Breach of Contract/Warranty (no fraud) <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2., 5. 2., 5. 1., 2., 5. 1., 2., 5.
	Collections (09)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff <input type="checkbox"/> A6012 Other Promissory Note/Collections Case	2., 5., 6. 2., 5.
	Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex)	1., 2., 5., 8.
	Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud <input type="checkbox"/> A6031 Tortious Interference <input type="checkbox"/> A6027 Other Contract Dispute(not breach/insurance/fraud/negligence)	1., 2., 3., 5. 1., 2., 3., 5. 1., 2., 3., 8.
	Eminent Domain/Inverse Condemnation (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation      Number of parcels_____	2.
	Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case	2., 6.
<b>Real Property</b>	Other Real Property (26)	<input type="checkbox"/> A6018 Mortgage Foreclosure <input type="checkbox"/> A6032 Quiet Title <input type="checkbox"/> A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure)	2., 6. 2., 6. 2., 6.
	Unlawful Detainer-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	2., 6.
	Unlawful Detainer-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	2., 6.
<b>Unlawful Detainer</b>	Unlawful Detainer- Post-Foreclosure (34)	<input type="checkbox"/> A6020F Unlawful Detainer-Post-Foreclosure	2., 6.
	Unlawful Detainer-Drugs (39)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs	2., 6.

SHORT TITLE:	CASE NUMBER:
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	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Judicial Review	Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case	2., 6.
	Petition re Arbitration (11)	<input type="checkbox"/> A6115 Petition to Compel/Confirm/Vacate Arbitration	2., 5.
	Writ of Mandate (02)	<input type="checkbox"/> A6151 Writ - Administrative Mandamus	2., 8.
		<input type="checkbox"/> A6152 Writ - Mandamus on Limited Court Case Matter	2.
<input type="checkbox"/> A6153 Writ - Other Limited Court Case Review		2.	
	Other Judicial Review (39)	<input type="checkbox"/> A6150 Other Writ /Judicial Review	2., 8.
Provisionally Complex Litigation	Antitrust/Trade Regulation (03)	<input type="checkbox"/> A6003 Antitrust/Trade Regulation	1., 2., 8.
	Construction Defect (10)	<input type="checkbox"/> A6007 Construction Defect	1., 2., 3.
	Claims Involving Mass Tort (40)	<input type="checkbox"/> A6006 Claims Involving Mass Tort	1., 2., 8.
	Securities Litigation (28)	<input type="checkbox"/> A6035 Securities Litigation Case	1., 2., 8.
	Toxic Tort Environmental (30)	<input type="checkbox"/> A6036 Toxic Tort/Environmental	1., 2., 3., 8.
	Insurance Coverage Claims from Complex Case (41)	<input type="checkbox"/> A6014 Insurance Coverage/Subrogation (complex case only)	1., 2., 5., 8.
Enforcement of Judgment	Enforcement of Judgment (20)	<input type="checkbox"/> A6141 Sister State Judgment	2., 9.
		<input type="checkbox"/> A6160 Abstract of Judgment	2., 6.
		<input type="checkbox"/> A6107 Confession of Judgment (non-domestic relations)	2., 9.
		<input type="checkbox"/> A6140 Administrative Agency Award (not unpaid taxes)	2., 8.
		<input type="checkbox"/> A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax	2., 8.
		<input type="checkbox"/> A6112 Other Enforcement of Judgment Case	2., 8., 9.
Miscellaneous Civil Complaints	RICO (27)	<input type="checkbox"/> A6033 Racketeering (RICO) Case	1., 2., 8.
	Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A6030 Declaratory Relief Only	1., 2., 8.
		<input type="checkbox"/> A6040 Injunctive Relief Only (not domestic/harassment)	2., 8.
		<input type="checkbox"/> A6011 Other Commercial Complaint Case (non-tort/non-complex)	1., 2., 8.
<input type="checkbox"/> A6000 Other Civil Complaint (non-tort/non-complex)		1., 2., 8.	
Miscellaneous Civil Petitions	Partnership Corporation Governance (21)	<input type="checkbox"/> A6113 Partnership and Corporate Governance Case	2., 8.
	Other Petitions (Not Specified Above) (43)	<input type="checkbox"/> A6121 Civil Harassment	2., 3., 9.
		<input type="checkbox"/> A6123 Workplace Harassment	2., 3., 9.
		<input type="checkbox"/> A6124 Elder/Dependent Adult Abuse Case	2., 3., 9.
		<input type="checkbox"/> A6190 Election Contest	2.
		<input checked="" type="checkbox"/> A6110 Petition for Change of Name	2., 7.
		<input type="checkbox"/> A6170 Petition for Relief from Late Claim Law	2., 3., 4., 8.
<input type="checkbox"/> A6100 Other Civil Petition		2., 9.	

## Page 3

### What needs to be filled out:

- Petition for name change
- Other Civil Petition

SHORT TITLE:	CASE NUMBER
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**Item III.** Statement of Location: Enter the address of the accident, party's residence or place of business, performance, or other circumstance indicated in Item II., **Step 3** on Page 1, as the proper reason for filing in the court location you selected.

<b>REASON:</b> Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected for this case.  <input type="checkbox"/> 1. <input checked="" type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input checked="" type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10.	ADDRESS:	
CITY:	STATE:	ZIP CODE:

**Item IV.** *Declaration of Assignment:* I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the above-entitled matter is properly filed for assignment to the \_\_\_\_\_ courthouse in the \_\_\_\_\_ District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., § 392 et seq., and Local Rule 2.0, subds. (b), (c) and (d)].

Dated: \_\_\_\_\_  
(SIGNATURE OF ATTORNEY/FILING PARTY)

**PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:**

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 03/11).
5. Payment in full of the filing fee, unless fees have been waived.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.

## Page 4

### What needs to be filled out:

- ❖ Check Box 2,7,9
- ❖ Address, City, State, Zip
- ❖ Name of courthouse
- ❖ Judicial district of courthouse

# (For LA courts) laciv226

## C O N F I D E N T I A L

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: (Person submitting the application)		STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>			
COURTHOUSE ADDRESS:			
NAME OF PETITIONER (Person having the name change):			
<b>NAME CHANGE CRIMINAL HISTORY ASSESSMENT</b>			CASE NUMBER:
			COURT DATE:

Top portion of the form above and number one (1) below to be completed by Petitioner.

1.

Sex	Race/Ethnicity	Date of Birth	Age	Social Security	Driver's License or ID
Place of Birth			Current Address		Other name(s) used

Number (2) below to be completed by County Probation Department (Code Civ. Proc., § 1279.5):

2.

PTD Application No. \_\_\_\_\_

An automated search of the criminal history information data systems reveals the following:

Petitioner is a registered sex offender.       Petitioner is not a registered sex offender.

**and/or**

Petitioner is under the Jurisdiction of the Department of Corrections.       Petitioner is not under the Jurisdiction of the Department of Corrections.

Petitioner unable to be identified.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

INVESTIGATOR / AIDE  
PROBATION DEPARTMENT PRETRIAL SERVICES DIVISION  
(213) 974-5821

LACIV 226 (NEW)  
LASC Approved 10-09

**NAME CHANGE  
CRIMINAL HISTORY ASSESSMENT**

Code Civ. Proc., § 1279.5

**MNC** Metropolitan News Company  
213-346-0033 • http://www.mnc.net

**What needs to be filled out:**  
\*Full Name (old)  
Address, City, State, zip, Phone  
Attorney for: full name (old)

Courthouse address  
Petitioner: Full name (old)

You can have Client fill out Area 1  
Area 2 is for court use only

# Fee Waiver

## Three ways to qualify

- Receiving state or federal aid
  - Medi-Cal, GR,SSI, CalWorks, etc.
- Gross monthly family income falls below income requirements
- Ask the courts to waive fees based expenses exceeding current income

# Fee Waiver

## Special Information

- The courts don't require that you show proof that you are receiving benefits
- The courts don't require you to bring W-2s or any type of documentation to prove income
- Courts have the ability to waive all fees, partial fees, or create a payment plan

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, if you are filing or have received a family law petition, or if you are asking the court to appoint a guardian for a minor or a conservator for an adult or are an appointed guardian or conservator, and if you (or your ward or conservatee) cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you (or your ward or conservatee) are getting public benefits, are a low-income person, or do not have enough income to pay for your (or his or her) household's basic needs *and* your court fees, you may ask the court to waive all or part of those fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001) or, if you are petitioning for the appointment of a guardian or conservator or are an appointed guardian or conservator, complete the *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fee for telephone hearing
  - Reporter's fee for attendance at hearing or trial, if a reporter is provided by the court.
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851.
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
  - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.833 or 8.834.
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002) or *Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee)* (form FW-002-GC). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Other necessary court fees
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability, or the ability of your ward or conservatee, to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you or your ward or conservatee are granted may be ended if you do not go to court when asked. You or your ward's or conservatee's estate may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **Public benefits programs listed on the application form.** In item 5 on the *Request to Waive Court Fees (item 8 of the Request to Waive Court Fees (Ward or Conservatee))*, there is a list of programs from which you (or your ward or conservatee) may be receiving benefits, listed by the abbreviations they are commonly known by. The full names of those programs can be found in Government Code section 68632(a), and are also listed here:
  - Medi-Cal
  - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
  - Supp. Sec. Inc.—Supplemental Security Income (not Social Security)
  - SSP—State Supplemental Payment
  - County Relief/General Assistance—County Relief, General Relief (GR) or General Assistance (GA)
  - IHSS—In-Home Supportive Services
  - CalWORKS—California Work Opportunity and Responsibility to Kids Act
  - Tribal TANF—Tribal Temporary Assistance for Needy Families
  - CAPI—Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants



- **If you receive a fee waiver, you must tell the court if there is a change in your finances, or the finances of your ward or conservatee.** You must tell the court within five days if those finances improve or if you, or your ward or conservatee, become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) or *Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee)* (form FW-010-GC) with the court.) You may be ordered to repay any amounts that were waived after your eligibility, or the eligibility of your ward or conservatee, came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases and in guardianships and conservatorships. (Government Code, section 68637(d), (e), and Cal. Rules of Court, rule 7.5.)
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, or if you fail to make the payments over time, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you or your ward or conservatee are not eligible for a fee waiver. If the case is a guardianship or conservatorship proceeding, see California Rules of Court, rule 7.5(k) for information on the final disposition of that matter.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time. See Government Code section 68635.

## Page 2 Fee Waiver information sheet

## FW-001 Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

**SAMPLE ONLY**

**Do not fill out this form**

**Write in the court address here**

Fill in case number and name:

Case: **Write your Case Number here**

Case Name: **Write your Case Name here**

number, and State Bar number):

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs, you may use this form to ask the court to waive all or part of the court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

**READ this carefully!**

- You cannot give the court proof of your eligibility.
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title):

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**3 Your Lawyer** **Complete items #1, #2 & #4. Fill out #3 if you have a lawyer.**

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See Instructions)  
 Supreme Court, Court of Appeal, or Court of Appellate Court Fees

**For question 5, check 'a', 'b', OR 'c':**

**If you check # 5a, just make sure you check any box that applies to you in 5a.**

**If you check # 5b, fill out # 7,8 and 9 on the back. Then, you are done!**

**If you check #5c, fill out everything on back side of the form.**

**5 Why are you asking the court to waive the fees?**

- a.  I receive (check all that apply) public benefits (check one):  
 IHSS (Illinois Home Services) Assistance  
 Assistance for Needy Families  
 b.  My gross monthly household income is less than the amount you check #6, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one):  waive all court fees  waive some of the court fees  let me make payments over time

(Explain):

**6**  Check here if you ask for a fee waiver in this case in the last 6 months. Attach that request if you have it and check the second box.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: **Write Today's Date here**

**Print Your Name here**

**Sign Here**

*Print your name here*

*Sign here*

**Request to Waive Court Fees**

FW-001, Page 1 of 2

### Page 1

### What needs to be filled out:

1. Name  
Address  
City, state, zip
2. Job
4. Fees to be waived
5. Please check from either A, B or C  
a - if you receive aid  
b - if you lack funds  
c - lack funds that interfere with life
6. Fee waived in the last 6 months

Your name: Print Your Name here Case Number: Write your Case Number here

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

**7**  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income**

a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
List each payroll deduction and amount below:

(1) \$ \_\_\_\_\_  
(2) \$ \_\_\_\_\_  
(3) \$ \_\_\_\_\_  
(4) \$ \_\_\_\_\_

b. Total deduction \$ \_\_\_\_\_  
c. Total monthly income \$ \_\_\_\_\_

d. List the source of your monthly income, including interest, dividends, security, disability, Social Security, annuities, rental income, annuities, reimbursements, and other income, including lottery winnings, etc.

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \$ \_\_\_\_\_  
(4) \$ \_\_\_\_\_

e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

**9 Household Income**

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

Total monthly income and household income (8e plus 9b): \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

**Important!** If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**10 Your Money and Property**

a. Cash \$ \_\_\_\_\_  
b. All financial accounts (List bank name and amount):

(1) \$ \_\_\_\_\_  
(2) \$ \_\_\_\_\_  
(3) \$ \_\_\_\_\_  
(4) \$ \_\_\_\_\_

c. Other personal property (jewelry, furniture, cars, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

Total monthly expenses (add 11a-11m above): \$ \_\_\_\_\_

**11 Your Monthly Expenses**  
(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance \$ \_\_\_\_\_  
b. Food and household supplies \$ \_\_\_\_\_  
c. Utilities and telephone \$ \_\_\_\_\_  
d. Clothing \$ \_\_\_\_\_  
e. Laundry and cleaning \$ \_\_\_\_\_  
f. Medical and dental expenses \$ \_\_\_\_\_  
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
h. School, child care \$ \_\_\_\_\_  
i. Child, spousal support (another marriage) \$ \_\_\_\_\_  
j. \_\_\_\_\_ \$ \_\_\_\_\_  
k. \_\_\_\_\_ \$ \_\_\_\_\_

l. \_\_\_\_\_ \$ \_\_\_\_\_  
m. \_\_\_\_\_ \$ \_\_\_\_\_

**If you checked # 5b, fill out # 7,8 and 9. You do not have to fill out #10 and #11.**

**If you checked #5c, fill out everything on this side of the form.**

When you answer the items in this page, make sure you fill out everything and that the information is true and complete.

**READ this notice carefully!**

If you want to add any more information, attach form MC-025 or a piece of paper, with your name, case number and write "Financial Information" at the top. Don't forget to check the box in here telling the court you have attached another page.

- Page 2**
- What needs to be filled out:**
- If 5b was checked
  - 7 - changing income
  - 8 - where your sources of money come from
  - 9 - all the money from all the people you claim together
- If 5c was checked
- 10 - what everything you own is worth
  - 11 - your monthly necessary expenses

\*Mark the special box if another page is needed - Form MC-025 advised

**FW-001**

**Request to Waive Court Fees**

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility.
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

\_\_\_\_\_  
 a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No   
 b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a.  I receive (check all that apply; see form FW-001-INFO for definitions):  Food Stamps  Supp. Sec. Inc.  SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI
- b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$435.42 for each extra person.
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	

- c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):  
 waive all court fees and costs  waive some of the court fees  
 let me make payments over time

**6**  Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here.)

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

Print your name here

Sign here

Judicial Council of California, www.courts.ca.gov  
 Revised March 1, 2017, Mandatory Form  
 Government Code, § 69633  
 Cal. Rules of Court, rules 3.51, 8.26, and 8.818

**Page 1**

**What needs to be filled out:**

1. Name  
 Address  
 City, state, zip
2. Job
4. Fees to be waived
5. Please check from either A, B or C  
 a - if you receive aid  
 b - if you lack funds  
 c - lack funds that interfere with life
6. Fee waived in the last 6 months

Your name: \_\_\_\_\_

Case Number:  

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

**8 Your Gross Monthly Income**

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$ \_\_\_\_\_

**9 Household Income**

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8b plus 9b):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page.

**Important!** If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**10 Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount):

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

**11 Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Rent or house payment & maintenance \$ \_\_\_\_\_

c. Food and household supplies \$ \_\_\_\_\_

d. Utilities and telephone \$ \_\_\_\_\_

e. Clothing \$ \_\_\_\_\_

f. Laundry and cleaning \$ \_\_\_\_\_

g. Medical and dental expenses \$ \_\_\_\_\_

h. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_

i. School, child care \$ \_\_\_\_\_

j. Child, spousal support (another marriage) \$ \_\_\_\_\_

k. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_

l. Installment payments (list each below):

- Paid to:
- (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages/earnings withheld by court order \$ \_\_\_\_\_

n. Any other monthly expenses (list each below):

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

**Total monthly expenses (add 11a-11n above):** \$ \_\_\_\_\_

## Page 2

What needs to be filled out:

If 5b was checked

7 - changing income per month

8 - where your sources of money come from

9 - all the money from all the people you claim, together

If 5c was checked

10 - what everything you own is worth

11 - your monthly necessary expenses

\*Mark the special box if another page is needed

**FW-003** Order on Court Fee Waiver  
(Superior Court)

① Person who asked the court to waive court fees:  
Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

② Lawyer, if person in ① has one (name, address, phone number, e-mail, and State Bar number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

③ A request to waive court fees was filed on (date): \_\_\_\_\_  
 The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Read this form carefully. All checked boxes are court orders.

Clerk stamps date here when form is filed.

Fill in court name and street address:  
Superior Court of California, County of \_\_\_\_\_

Fill in case number and name:

Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

- ④ After reviewing your:  Request to Waive Court Fees  Request to Waive Additional Court Fees the court makes the following orders:
- a.  The court grants your request, as follows:
- (1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (Cal. Rules of Court, rules 3.55 and 8.818.) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
  - Making copies and certifying copies
  - Sheriff's fee to give notice
  - Court fee for phone hearing
  - Reporter's fee for attendance at hearing or trial, if reporter provided by the court
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal
  - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Giving notice and certificates
  - Sending papers to another court department
  - Court-appointed interpreter in small claims court
- (2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (Cal. Rules of Court, rule 3.56.) You do not have to pay for the checked items.
- Jury fees and expenses  Fees for a peace officer to testify in court
- Fees for court-appointed experts  Court-appointed interpreter fees for a witness
- Other (specify): \_\_\_\_\_

## Page 1 What needs to be filled out:

1. Name  
Address  
City, state, zip
2. Lawyer - In Pro Per
4. Request to Waive Court Fees

Your name: \_\_\_\_\_

Case Number:

b.  The court **denies** your fee waiver request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* form FW-006. You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

Bring the following proof to support your request if reasonably available:

\_\_\_\_\_  
Name and address of court if different from above:

Hearing Date

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_ Signature of (check one):  Judicial Officer  Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

**Clerk's Certificate of Service**

I certify that I am not involved in this case and (*check one*):  A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

Page 2  
What needs to be filled out:  
Your Name

# Further guidance for clients

- Empower people with the tools they need
- Remember that this is a long process, and that it can be very stressful. Encourage and practice self-care!

## I got my court decree!

So... what do I do now?

You've received your court decree, and you're ready to use it. We created this guide to help you update your information with Social Security, the Department of Motor Vehicles, the Office of Vital Records, and other agencies.



### List of forms

SS-5  
DL-44  
DL-329  
VS-23  
VS-24  
DS-5504

Still need help?  
Give us a call!

Raine Jo-Fung  
Pronouns: she/her  
323-361-4664

Annabel Agustin  
Pronouns: she/her  
323-361-3916



### Update your Social Security (SS) card

- Find and print a copy of the **SS-5** form online
- Bring a stamped "inked" copy of your court decree
- Take completed documents to your local SS office
- Have additional documentation to prove your identity
- Make sure to update your gender marker if you wish to do so
  - You do not need gender affirming surgery to update your gender marker in California!

### Update information at DMV

- To update your name, get the **DL-44** form at the DMV
  - You will need supporting documentation, like your court decree
- To update your gender marker, get the **DL-329** form online
  - You will need part of this form completed and signed by a licensed physician or psychologist

### Update your birth certificate

- To update your name only
  - Need to get the **VS-23** official form, not online
  - Include stamped "inked" copy of your court decree and \$23 fee
  - Mail to the Office of Vital Records
  - Amended birth certificate will be issued
- To update name and gender marker
  - Need to get **VS-24** official form, not online
  - Include stamped "inked" copy of your court decree and \$23 fee
  - Mail to the Office of Vital Records
  - New birth certificate will be issued (old one will be sealed)
  - The Office of Vital Records is instructing some people that they need to include the physician's affidavit to process change

### Update your passport

- Complete **DS-5504** Passport Re-Application Form
- Include certified copy of court decree and physician's affidavit (with specific wording)
- Submit new passport photos
- Pay passport application fee

### Additional documentation to change

- Insurance company → Hospital/Clinic/Medical Facility Records → Pharmacy
- School Records → College Applications



**All of these forms are for those  
living in California.**

**For those not living in California, please go to**

<http://transgenderlawcenter.org/>

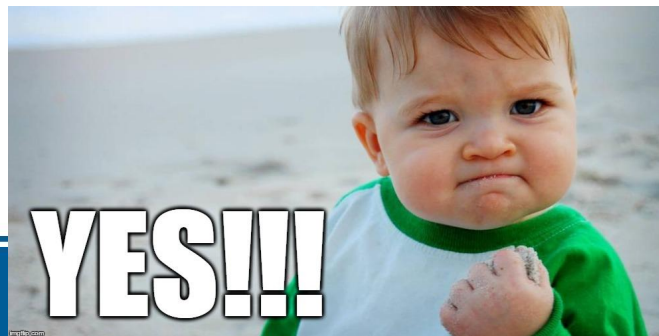
\*Case for change varies by state

# How Much Does a Polar Bear Weigh? (Quiz!)

1. True or false: Clients need to be in therapy for 1 year before they can have gender-affirming surgery.
2. True or false: Clients cannot change their legal name and gender marker until they are 18.
3. True or false: Clients must produce a referral letter before a surgeon will do their surgery.
4. Which form is considered the Golden Ticket form?
5. Which 2 forms are not needed outside Los Angeles?

## Supporting these processes

- Remember: Our clients are dynamic, resourceful individuals!
- We partner with them to navigate this complex (and burdensome) system in ways that support their personal autonomy, and recognize their skills and abilities
- A client may choose to engage with health educators, peer navigators, case managers, clinicians, psychologists, social workers and medical providers, among others in their lives
- A care team can work together in support of the best outcome for the client!



# Resources

- WPATH: [wpath.org](http://wpath.org)
- Transgender Law Center: [transgenderlawcenter.org/](http://transgenderlawcenter.org/)
  - “ID Please” a comprehensive guide  
<https://transgenderlawcenter.org/resources/id/id-please>
- Transbucket: [transbucket.com](http://transbucket.com)
- Genderqueer.me: [genderqueer.me](http://genderqueer.me)
- Neutrois: [neutrois.com](http://neutrois.com)
- UCSF Center of Excellence for Transgender Health: [transhealth.ucsf.edu](http://transhealth.ucsf.edu)
- Bet Tzedek: Free monthly name and gender marker clinic (English & Spanish). [jaiken@bettzedek.org](mailto:jaiken@bettzedek.org)
- Court Companions: Service provided by Transforming Family for young adults. [ediamond@sbcglobal.net](mailto:ediamond@sbcglobal.net) or [jjulian@chla.usc.edu](mailto:jjulian@chla.usc.edu)

# Thank you!

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