

**UNITED STATES DISTRICT COURT
for the
DISTRICT OF NEW JERSEY**

SEALED PETITION FOR DEFENDANT NAME CHANGE

This form is to be used by a defendant or a defendant's authorized representative to request a change of the name of a criminal defendant. For details on how to complete and submit this form, please see Instructions for Completing Petition for Defendant Name Change (p 2). This form will be filed under seal to protect the privacy of the defendant as required by statute. *See* 18 U.S.C. §§ 3509(d), 3612(b)(1)(G), 3771(a)(8).

SECTION 1 - DEFENDANT INFORMATION

a. Defendant Name (as it appears in the judgment(s)):	b. Criminal Case Number(s):
c. Defendant(s) Name(s):	

Address on File

e. Street		
f. City	g. State	h. Zip
i. Phone	j. Email	

k. ☐ Check if request is being made by an authorized representative of the defendant.

Defendant representative

name: _____ Representative's
relationship to defendant: ☐ Parent ☐ Legal guardian ☐ Executor of victim's estate ☐ Legal counsel ☐ Other (please specify): _____

SECTION 2 - NEW NAME

l. New Defendant Name:

Reason for Name Change

m. For Individual Defendant <input type="checkbox"/> Death of the defendant <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court order <input type="checkbox"/> Assignment of defendant's rights <input type="checkbox"/> Other: _____	n. For Organizational Defendant <input type="checkbox"/> Merger, acquisition, consolidation, or similar transaction <input type="checkbox"/> Assignment of Defendant's rights <input type="checkbox"/> Other: _____
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Address Associated with New Name (if different from above)

o. Street		
p. City	q. State	r. Zip
s. Phone	t. Email	

SECTION 3 - SUPPORTING DOCUMENTATION

u. ☐ Petitioner has read Instructions for Completing Petition for Defendant Name Change and is providing the required supporting documentation with this petition.

SECTION 4 - DECLARATION

v. For Individual Defendant: I, _____, am the defendant named in a federal criminal judgment as being entitled to over payments in the case. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	w. For Representative of Defendant: I, _____ am the authorized representative of (defendant name) _____ who was named in a federal criminal judgment as being entitled to over payments in the case. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.
Printed Name	Printed Name
Signature	Signature

Date

Date

(DNJ 04/01/2021) Victim Defendant Change Form

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THIS AREA FOR COURT USE ONLY

is hereby

ORDER

The Petition for Defendant Name Change in case number(s)

☐ GRANTED

☐ DENIED

The Clerk is directed to change the defendant's name accordingly.

☐ The Clerk is directed to file this Order under seal.

IT IS SO ORDERED:

Date

United States District Judge

Instructions for Completing Petition for Defendant Name Change

This form is to be used by a defendant or a defendant's authorized representative to change the name of a defendant. Please follow the instructions below for completing and submitting this form. An employee of the District Clerk's Office will contact you if the court requires additional information to support this petition.

SECTION 1 - DEFENDANT INFORMATION

- Box a** Enter the defendant's name as it appears on the criminal judgment or order of restitution.
- Boxes b-d** Provide as much of the information about the criminal case(s) as you can:
- Boxes e-j** Provide the address currently on file with the court and other contact information.
- Box k** If you are the defendant, skip to SECTION 2.
If you are not the defendant, but are completing this form as the authorized representative of the defendant, check the box "Check if request is being made by an authorized representative of the defendant", enter your name, and check the appropriate box describing your relationship to the defendant.

SECTION 2 - NEW NAME

- Box l** Enter the new name to which restitution should be paid.
- Box m** If you are an individual, check the appropriate box to indicate the reason for the name change.
- Box n** If you are an organizational defendant, such as a business or other type of organization, check the appropriate box to indicate the reason for the name change.
- Boxes o-t** Complete this section if the name change requires a change of address and contact information.

SECTION 3 - SUPPORTING DOCUMENTATION

- Box u** Check Box u in Section 3 to indicate that you have read these instructions and are providing the appropriate supporting documentation described below. At least one of these documents is required to support the request.

Documentation Requirements for Individual Name Change	
Reason for Change	Required Documentation
Death of the defendant	certificate of death and copy of the will showing that you are the beneficiary of these funds or documentation of appointment of executor
Marriage	copy of the certificate of marriage showing the name change
Divorce	copy of the divorce decree and the order granting name change
Court order	copy of the order which grants a name change
Assignment of defendant's rights	copy of the legal document specifically authorizing the assignment
Other	copy of the document(s) that demonstrates a legally authorized name change
Documentation Requirements for Organizational Name Change	
Reason for Change	Required Documentation
Merger, acquisition, consolidation, or similar transaction	copy of the document(s) which describes and authorizes this transaction
Assignment of defendant's rights	copy of the legal document which specifically authorizes this assignment
Other	copy of the document that demonstrates a legally authorized name change

SECTION 4-DECLARATION

- Boxes v-w** By signing this form, you declare under penalty of perjury that the information and the supporting documentation you provide are true and correct.

HOW TO SUBMIT

The fully executed form and any supporting documentation should be sent to the Clerk's Office by one of the following:

U.S. Mail: U.S. District Court District of New Jersey
402 E. State Street, Room 2020
ATTN: Finance Office
Trenton, NJ 08608

Email: finance@njd.uscourts.gov