# UNITED STATES DISTRICT COURT for the DISTRICT OF NEW JERSEY

## SEALED PETITION FOR VICTIM NAME CHANGE

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

<b>SECTION 1 - VICTIM INFORMATION</b>		
<b>a.</b> Victim Name (as it appears in the judgment(s)):	<b>b.</b> Criminal Case Number(s):	
<b>c.</b> Defendant(s) Name(s):	<b>d.</b> Victim No. Assigned by United States	Attorney's Office:
Address on File		
e. Street		
f. City	g. State	h. Zip
i. Phone	j. Email	
<b>k.</b> Check if request is being made by an authorized repres	entative of the victim.	
Victim representative name:		
Representative's relationship to victim: Parent Legal §	guardian 🔲 Executor of victim's estate 🗌	] Legal counsel
Other (please specify):		
SECTION 2 - NEW NAME		
<b>l.</b> New Victim Name:		
Reason for Name Change		
m. For Individual Victim	n. For Organizational Victim	
Death of the victim	Merger, acquisition, consolidation, or similar	
	transaction	
Divorce	Assignment of victim's rights	s to restitution
Court order	Other:	
Assignment of victim's rights to restitution Other:		
Address Associated with New Name (if different from abo	ve)	
o. Street		
p. City	q. State	r. Zip
s. Phone	t. Email	
<b>SECTION 3 - SUPPORTING DOCUMENTATION</b>		
<b>u.</b> Petitioner has read Instructions for Completing Petition fo documentation with this petition.	r Victim Name Change and is providing the requ	uired supporting
SECTION 4 - DECLARATION		
v. For Individual Victim:	w. For Representative of Victim:	
I,,	Ι,	
am the victim named in a federal criminal judgment as	am the authorized representative of	
being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the who was named in a federal criminal judgment as being entitled		
		nent as being entitled to
foregoing information and supporting documentation are restitution payments. By signing my name below, I declare under		
true and correct. penalty of perjury that the foregoing information and supporting		
	documentation are true and correct.	
Printed Name	Printed Name	
Signature	Signature	
Date	Date	

	THIS AREA FOR COURT USE ONLY	
	ORDER	
The Petition for Victim	Name Change in case number(s)	is hereby
GRANTED DENIED		
The Clerk is directed to	change the victim's name accordingly.	
The Clerk is dir	ected to file this Order under seal.	
IT IS SO ORDERED:		
Date	United States District Judge	

ge the name of a criminal restitution victim. Ple victim's authorized represent ative to char 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 - VICTIM INFORMATION

Box a	Enter the victim'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 victim, skip to SECTION 2.	
	If you are not the victim, but are completing this form as the authorized representative of the victim, check the box "Check if request is being made by an authorized representative of the victim", enter your name, and check the appropriate box describing your relationship to the victim.	

### SECTION 2 - NEW NAME

Box l	Enter the new name to which restitution should be paid.
Box m	If you are an <u>individual</u> , check the appropriate box to indicate the reason for the name change.
Box n	If you are an organizational victim, 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

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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
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Bocumentation Requirements for <b>individual</b> Name Change				
Reason for Change	Required Documentation			
Death of the victim	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 victim's rights to restitution	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	copy of the document(s) which describes and authorizes this transaction			
transaction				
Assignment of victim's rights to restitution	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

By signing this form, you declare under penalty of perjury that the information and the supporting documentation you provide are true Boxes v-w 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: Email: finance@njd.uscourts.gov

U.S. Mail: U.S. District Court District of New Jersey

402 E. State Street, Room 2020

ATTN: Finance Office

Trenton, NJ 08608