



Office of Secretary of State

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# Safe at Home Confidential Intent of Name Change Form

**ATTENTION:** Be aware that providing any false or misleading information on this document is a misdemeanor crime punishable by a \$1000 fine and/or imprisonment in the state prison for 16 months up to three years.

Pursuant to Government Code 6206, the Secretary of State shall file and keep confidential the name changes of participants in the California Confidential Address Program, Safe at Home, in accordance with SECTION 1.5, Section 1277 (b) of the Code of Civil Procedure. Your petition, the order of the court, and the copy for publication shall not recite your proposed name and shall indicate that the proposed name is confidential and will be on file with the Secretary of State pursuant to the provisions of the Safe at Home Confidential Address Program.

By initialing after each statement and signing below, I acknowledge that:

\_\_\_ I am a participant of the Safe at Home Program and that I and my enrolled children (if applicable) are eligible to apply for a confidential legal name change;

\_\_\_ The reason for requesting a confidential legal name change is to avoid domestic violence (as defined in Section 6211 of the Family Code) stalking (as defined in Section 646.6 of the Penal Code), or sexual assault (as defined in Section 13823.15 of the Penal Code);

\_\_\_ This form is a legally binding document which, when filed in conjunction with and completion of a superior court name change decree (completed as prescribed in the Safe at Home Confidential Name Change Instructions provided to me and signed and stamped by the superior court judge who heard the petition), constitutes a confidential legal name change and will change the current legal name provided on both this form and the name change decree to the proposed new name provided below;

\_\_\_ Once the name change decree is stamped and signed by the court, I must provide a date stamped copy of the decree to the Safe at Home Program within 7 days of receipt as required by law; and

\_\_\_ From the date the name change decree is stamped, I may no longer legally use my old name and must ensure completion of the confidential name change process with the Safe at Home Program to begin using my new legal name.

\_\_\_ If I do not notify and provide proof of my legal name change to Safe at Home within 7 days of the name change hearing as required by law, my participation in the program may be terminated.

(1) Print Current Legal Name: \_\_\_\_\_  
(Current name of participant whose name will be changed)

(2) Participant/Parent Current Signature: \_\_\_\_\_  
(Participant/Parent signature- sign your **current legal name**)

(3) Safe at Home ID Number: \_\_\_\_\_ (SAH Authorization ID#) (4) Today's Date: \_\_\_\_\_ (Date)

(5) Print Proposed New Name: \_\_\_\_\_  
(Proposed name of participant whose name will be changed)

(6) Sign Proposed New Name (Adult Participants Only): \_\_\_\_\_

(7) Name of County Court where petition will be filed: \_\_\_\_\_

**\*\*Return this form to Safe at Home PRIOR to filing for a petition to change your name.\*\***

**FOR INFORMATION CALL 1-877-322-5227**