

UNITED STATES DISTRICT COURT
for the
District of Connecticut

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 on page 2 of this form.

| SECTION 1 - VICTIM INFORMATION | | | | |
|--|------------------|--|---------------|--|
| a. Victim Name (as it appears in the judgment(s)): | | b. Criminal Case Number(s): | | |
| c. Defendant(s) Name(s): | | d. Victim No. Assigned by United States Attorney's Office: | | |
| Address On File | | | | |
| e. Street: | | | | |
| f. City: | g. State: | h. Zip: | | |
| i. Phone: | j. Email: | | | |
| k. <input type="checkbox"/> Check if request is being made by an authorized representative of the victim. | | | | |
| Victim representative name: _____ | | | | |
| Representative's relationship to victim: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Executor of victim's estate <input type="checkbox"/> Legal counsel | | | | |
| <input type="checkbox"/> Other (please specify): _____ | | | | |
| SECTION 2 - NEW NAME | | | | |
| l. New Victim Name: _____ | | | | |
| Reason for Name Change | | | | |
| m. <u>For Individual Victim</u> | | n. <u>For Organizational Victim</u> | | |
| <input type="checkbox"/> Death of the victim | | <input type="checkbox"/> Merger, acquisition, consolidation, or similar transaction | | |
| <input type="checkbox"/> Marriage | | <input type="checkbox"/> Assignment of victim's rights to restitution | | |
| <input type="checkbox"/> Divorce | | <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Court order | | | | |
| <input type="checkbox"/> Assignment of victim's rights to restitution | | | | |
| <input type="checkbox"/> Other: | | | | |
| Address Associated with New Name (if different from above) | | | | |
| e. Street: | | | | |
| f. City: | g. State: | h. Zip: | | |
| i. Phone: | j. Email: | | | |
| SECTION 3 - SUPPORTING DOCUMENTATION | | | | |
| u. <input type="checkbox"/> Check to indicate Petitioner has read Instructions for Completing Petition for Victim Name Change and is providing the required supporting documentation with this petition. | | | | |
| SECTION 4 - DECLARATION | | | | |
| v. <u>For Individual Victim:</u> | | w. <u>For Representative of Victim:</u> | | |
| I, _____, | | I, _____ | | |
| am the victim named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct. | | am the authorized representative of (victim name) _____ who was named in a federal criminal judgment as being entitled to restitution payments. 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: | |

Instructions for Completing Petition for Victim Name Change

This form is to be used by a victim or a victim's authorized representative to change the name of a criminal restitution victim. 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 - 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 individual, 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

- 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 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 transaction | copy of the document(s) which describes and authorizes this 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

- 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

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

Hand or U.S. Mail delivery address:

U.S. District Court
 Attention: Finance
 141 Church Street
 New Haven, CT 06510

Email: Finance@ctd.uscourts.gov