

A diamond-shaped graphic of the Arkansas state flag. The flag features a white field with the word "ARKANSAS" in blue, serif capital letters in the center. Above the text is a single blue star, and below it are three blue stars arranged in a triangle. The white field is surrounded by a blue border containing 25 white stars. The entire graphic is set against a background of a red, wavy fabric.

**ARKANSAS**

# **Name & Gender Change Guide**



## Name & Gender Change

### Guide

Having a driver's license, birth certificate, social security card or other forms of identification which reflects a person's identity is something the majority of Arkansans take for granted, but for transgender, gender non-binary and intersex persons having matching identification can be harder to come by and can present barriers which impact their quality of life and personal safety. Picture all of the moments in our lives which require identification, ranging from being questioned by authorities, ordering an alcoholic beverage, picking up a package, endorsing a check, finding a job, applying for government assistance, accessing gender appropriate shelter spaces, applying for credit at a store, enrolling in school and the list goes on and on. Then picture the potential for discrimination, rejection and harassment when the name, gender marker, or photo doesn't match the person. Having a matching ID is a matter of social justice that permits transgender persons to pursue the unalienable rights of life, liberty and the pursuit of happiness granted in the Declaration of Independence.

Unfortunately, a 2014 Arkansas study of the transgender and gender non-binary community showed most have not completed a legal name change and more do not have a birth certificate, driver's license, and passport reflecting their gender identity. To address access to legal name and gender change services, Arkansas Transgender Equality Coalition (ArTEC) made development of a comprehensive Arkansas name and gender change guide a main priority.

ArTEC created this name and gender change guide to meet several goals:

- Increase access to legal education specific to the name and gender change process throughout Arkansas, and decrease the dependency and limitations of community word of mouth.
- Furnish a guide that is up-to-date and comprehensive in guidelines and tools which have been reviewed and researched by attorneys to make the process clearer, accessible and more user friendly.
- Provide a resource to enable the legal community and social justice advocates to serve the transgender and

non-binary community either through educational workshops, legal clinics or direct one-on-one service.

- Serve as a starting point in better understanding and streamlining the name and gender change process in Arkansas as well as a working document for future updates, informed by best practices and feedback from the legal and transgender communities.

ArTEC would like to thank the many members of the Arkansas transgender/gender non-binary and intersex community who helped in the development of this guide through their participation as well as feedback on the gender change process. This legal guide would not be possible without the Trans Legal Services Network, which ArTEC is a member and project management and policy guidance from Arli Christian at the National Center for Transgender Equality in Washington, DC; Brandon Román, Nicholas Galbraith, and Suman Chakraborty of Squire Patton Boggs in Washington, DC;

Amy Johnson of Arkansas Access to Justice Commission in Little Rock, Vince Morris of the Arkansas Legal Services Partnership in Little Rock, Michael Lauro of Lauro Law, PLLC in Little Rock, Sarah Demarest of the Freedom Center for Social Justice in Charlotte, NC and Alison Gill of the Human Rights Campaign in Washington, DC.

Most importantly, ArTEC would like to hear back from you about using this guide and what you found while navigating the name or gender change process in Arkansas for future updates of the guide and informing our advocates. Contact us at [andrea@artranscoalition.org](mailto:andrea@artranscoalition.org) or [evan@artranscoalition.org](mailto:evan@artranscoalition.org).

Sincerely,

**Andrea Zekis**  
ArTEC Executive Director

**Evan Young**  
ArTEC Board President

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**Disclaimer:** The materials in this guide are for informational purposes only and not for the purpose of providing legal advice. You should contact an attorney to obtain advice with respect to any particular issue or problem. Use of this guide does not create an attorney-client relationship between Squire Patton Boggs and the user. The opinions expressed in this guide are the opinions of the individual authors and may not reflect the opinions of the firm or any individual attorney.

A Project of:



Prepared by:



# Changing Your Name

Under Arkansas law, the Circuit Courts have the power to grant a person's request to change their name. To change your name, you only need to demonstrate that you have a "good reason." This section is designed to walk you through the process of successfully obtaining a Court Order for Name Change.

## Step 1: Prepare Documents

You will need to complete three forms:

### 1. Cover Sheet

- You will need to fill in the following information:
  - County;
  - Filing Date;
  - Plaintiff (i.e., Your Name);
  - Address;
  - Check "No" for "Jury Trial Requested";
  - Check "(NC) Name Change"; and
  - Check "Original" for "Manner of Filing"

### 2. Petition for Name Change

- If you are requesting a name change only, you can list the reason you are requesting a name change as "*common usage*" or "*this is my preferred name*" as stating you are transgender is unnecessary and may result in a denial of your request, harassment, or requests for additional documentation.
- If you are requesting a name change at the same time as a request for a court order to update your gender marker on your Birth Certificate (See the *Updating Your Birth Certificate* section of this guide for more information on this process. ), you may wish to list the reason you are requesting a name change as "sex has been changed by surgical procedure."

### 3. Order for Name Change

Copies of these forms can be found on pages 17-20 of the Appendix or accessible via this link [www.arlegalservices.org/namechang](http://www.arlegalservices.org/namechang).

## Step 2: Fee or Fee Waiver

The fee to change your name is presently \$165.00 (\$195.00 in Saline County).

If you do not have the ability to pay the \$165.00 (or \$195.00 if in Saline County) fee to change your name, you may prepare a fee waiver and request that the Court waive the fee. Generally, a court will base your ability to pay on what you own and how much money you make.

To request a fee waiver, you will need to complete three forms:

### 1. Petition for Leave to Proceed *In Forma Pauperis*

- The person seeking a fee waiver should fill in their current legal name as petitioner.
- You will need to sign the Petition.

### 2. Affidavit in Support of Request to Proceed *In Forma Pauperis*

- You will need to sign the Affidavit, which you must have notarized. – Most banks have a notary that can do this for you for free.

### 3. Order Granting Leave to Proceed *In Forma Pauperis*

Copies of these forms can be found on pages 2 1-26 of the Appendix. For more information about the fee, please contact your local Circuit Court Clerk's Office with any questions. A list of all 23 Arkansas Circuit Courts and their pertinent contact information is accessible via this [link](#).

## Changing Your Name

### Step 3: Go to Circuit Court Clerk's Office

- Once you have prepared and carefully proofread the applicable forms listed above, you will need to take the original forms and three copies of the Petition and Affidavit, along with the \$165.00 (or \$195.00 if in Saline County) filing fee or granted fee waiver to the Circuit Court Clerk's Office in the county in which you live.
  - Circuit Courts in Arkansas accept cash or checks and money orders made payable to “[County Name] County Circuit Court Clerk.” They do not accept credit or debit cards.
  - There are 23 Circuit Courts in Arkansas. Please use this [link](#) to locate your Circuit Court and the corresponding Clerk's Office.
- If you are filing for a fee waiver, you must first file – and the Judge must grant – your fee waiver (Petition for Leave to Proceed In Forma Pauperis) before you will be able to proceed without paying the filing fee.

### Step 4: Next Steps

In some Circuits, you may be able to complete the name change process in one day. In other Circuits, you may need to wait for an available judge, or you may be required to attend a hearing to decide the issue. The Clerk will be able to explain that particular Circuit Court's process.

- If a hearing is required, the Clerk should issue a Notice of Hearing. If you do not receive a Notice of Hearing, ask the Clerk to issue one. – When you receive the Notice of Hearing, ask the Clerk which Judge has been assigned your case.
- Take the Notice of Hearing to the office of the Judge who has been assigned to your case and speak with the Case Coordinator to set a date and time for your hearing.
- After the Case Coordinator fills in the date and time, take the Notice of Hearing back to the Clerk's office. – The Clerk will file the Notice of Hearing.
- On the date and time listed on your Notice of Hearing, return to the Circuit Court indicated on your Notice of Hearing.
  - When you arrive at the Circuit Court, you will generally wait in the assigned courtroom until the bailiff calls your case
- The Judge will then proceed with the hearing and will likely ask you questions related to you seeking a name change. – It is important that you are respectful and truthfully answer the Judge's questions.
  - In particular, it is possible that the Judge may ask why you are seeking to change your name. As with the forms, an appropriate response would be “[New Name] is my preferred name.”
  - If you feel uncomfortable attending the hearing and representing yourself before the Judge, you may wish to seek counsel from an attorney.
- Once the Judge has approved an Order for Name Change, you will take the original Order and copies of the Order to the Clerk's Office to file them.
- We recommend getting several certified copies of the Order for Name Change, as you will need them to continue the process of updating documents.



- Upon receiving your Order for Name Change, use the Order to update your legal name in all relevant places, including with your employer, at your bank, at your school, and anywhere else you have an active record and/or want your correct name to be used.

## Updating Your Legal Name and Gender Marker in Your Social Security Records

This section is designed to walk you through the process of successfully updating your name and gender marker in your Social Security

Records. Note that your Social Security Card only lists your name and Social Security Number – not your gender. However, the Social Security Administration maintains information in its computer records on everyone who has a Social Security Number, including name, gender, and date of birth, so this section also describes how to update the gender listed in your Social Security Records.

### Step 1: Prepare Documents

#### Updating Your Legal Name with the Social Security Administration

To update your legal name in your Social Security Records (including on your Social Security Card), you will need to complete and submit the following documents:

1. **Application for Social Security Card** (available online via this [link](#), at your local Social Security Administration office) that includes your changed name;
2. **Certified copy of the Court Order for Name Change**;
3. **An unexpired identification document**, such as driver's license, state-issued identity card, or U.S. Passport (it is acceptable if your document includes your former name); and
4. **Proof of U.S. citizenship or lawful immigration status**, such as a U.S. Passport, birth certificate, or immigration documentation.

Your name should update in the Social Security Administration's system within 24 hours, and you should receive your new Social Security Card via mail.

#### Updating Your Gender Marker with the Social Security Administration

Although your gender is not listed on your Social Security Card, other government agencies look to your Social Security Records to verify your gender. Thus, changing your gender marker with the Social Security Administration will help you avoid any unnecessary confusion. You may update your gender marker in your Social Security Records at the same time or separately from when you update your legal name with the Social Security Administration.

To update your gender marker in your Social Security Records, you will need to complete and submit the following documents:

1. **Application for Social Security Card** (available online via this [link](#), at your local Social Security Administration office) that includes your changed name;
2. **An unexpired identification document**, such as driver's license, state-issued identity card, or U.S. Passport (it is acceptable if your document includes your former name); and
3. **Proof of U.S. citizenship or lawful immigration status**, such as a U.S. Passport, birth certificate or immigration documentation;
4. **At least one of the following documents as evidence of your gender change:**
  - U.S. Passport (showing the correct gender)

- Birth Certificate (showing the correct gender)
- Court Order (recognizing the correct gender)
- Signed Letter from a Physician (confirming that you have had “appropriate clinical treatment” for gender transition<sup>1</sup>)
  - The letter must be from a licensed physician with whom you have a patient relationship and who is familiar with your transition-related treatment.
  - This may be any physician who is familiar with your treatment, including a primary care physician or a specialist.
  - All certifications must be on the physician’s office letterhead and include the physician’s license or certificate number.
  - The letter need only state that you have had the clinical treatment determined by your health care providers to be appropriate; no further detail is necessary or recommended. An example letter can be found on page 27 of the Appendix.

<sup>1</sup>Please note that “appropriate clinical treatment” is whatever treatment is best for you as confirmed by your doctor, and surgery is not required

## Updating Your Legal Name and Gender Marker in Your Social Security Records

### Step 2: Submit Documents

- You may mail-in your completed application to your local Social Security Administration Office or apply in person. Note that any documents you mail-in will be returned.
- To locate your nearest Social Security Administration Office, please visit this [link](#).
- There is no fee to update your Social Security Records or receive a new Social Security Card.
- Your new Social Security Card will be mailed to the address you provided and your Social Security Records will be updated in accordance with the information provided in your application and supported by acceptable documents.



# Updating Your Legal Name & Gender Marker on Your

## Driver's License and State Identification Card

This section is designed to walk you through the process of successfully updating your name and gender marker on your driver's license or state identification card from the Arkansas Office of Motor Vehicle.

### Step 1: Prepare Documents & Fee

#### Updating Your Legal Name

To update your legal name on your driver's license, you will need to complete and submit the following documents:

1. **A copy of your Court Order for Name Change.**
2. **Proof of legal residence, using either one Primary Document and one Secondary Document or two Primary Documents from the below list. Your Order for Name Change will qualify as one of the Primary Documents.**
  - Primary Documents (A primary document must contain the full name and date of birth and must be verifiable, i.e., you must be able to contact the issuing agency to determine authenticity of the document)
    - Photo Driver License (cannot be expired more than 31 days) – U.S. Birth Certificate
      - Must be original or certified copy, have a raised seal, and be issued by the Bureau of Vital Statistics or State Board of Health. – Certain INS Documents:
        - Certificate of Naturalization
        - Certificate of Citizenship
        - Resident Alien Card
    - Court Order:
      - Examples include adoption document, name change document, or gender change document. Does not include abstract of criminal or civil conviction.
      - Must contain full name, date of birth and court seal.
    - Photo Military ID
    - Photo Military Dependent ID
    - Valid Passport
      - If not a U.S. Passport, appropriate INS document is also required.
    - Armed Forces Discharge Papers
    - Marriage Certificate/License
    - Secondary Documents
      - Parent/Guardian Affidavit
        - Parent/guardian must appear in person, prove his/her identity, and submit a certified/notarized affidavit regarding the child's identity. Applicable only to minors.
      - Concealed Handgun License
      - Pilot's License
      - Certified School Record/Transcript
      - Prison Release Document
    - Photo Work/School ID
    - Vehicle Registration/Title
    - Bureau of Indian Affairs Card/Indian Treaty Card
    - Tribal ID Card is NOT acceptable
    - Court Order (Official Court Records Only)
    - Insurance Company-Issued Health Insurance Card
    - Tax Document received from IRS

# Updating Your Legal Name & Gender Marker on Your Driver's License and State Identification Card

## Updating Your Gender Marker

The Arkansas Office of Driver Services has an internal policy that a person's gender marker should be updated on a driver's license or state identification card upon request of the individual, and no additional documentation needs to be shown. This policy is not published, but evidence of the policy from two separate communications with the Department of Finance and Administration states that no documentation is required to change one's gender on their driver's license or state identification card. *The communications can be found on pages 28-29 of the Appendix.* However, it is important to be aware that some people encounter problems when trying to update the gender marker.

**To request an updated gender marker on your driver's license or state identification card, submit the Driver's License Gender Designation Form.** Along with the Driver's License Gender Designation Form, you should also have handy a copy of the Office's gender marker change policy. *The Driver's License Gender Designation Form can be found on page 30 of the Appendix.*

If you encounter an issue using the *Driver's License Gender Designation Form* with the Office of Motor Vehicle, you can also try to use one (or more) of the following documents that show your updated gender marker:

- A valid U.S. Passport, government-issued driver's license or identification document, or Birth Certificate displaying the requested gender
- A Court Order that indicates you have had appropriate clinical treatment for gender transition
- A letter from your physician confirming that you have had appropriate clinical treatment for gender transition

**3. The fee for a duplicate license is \$10.00.**

## Step 2: Deliver Documents

1. **To update the name and/or gender marker on your Arkansas Driver's License or State Identification Card** , bring the above documents to your local Office of Motor Vehicle, which can be located [here](#).

# Updating Your Legal Name & Gender Marker on Your Passport

This section is designed to walk you through the process of successfully updating your name and gender marker on your Passport. You can update the gender marker on your Passport at the same time or separately from when you update your legal name with the State Department.

## Updating Your Legal Name on an Existing Valid Passport

When you already have a valid Passport, you may submit a Passport Renewal Application to change your legal name on the passport by mail. You will need to complete and submit:

- 1. A Passport Renewal Application** (Form DS-82)  
(A copy of the Passport Renewal Application is available via this [link](#). Follow all written instructions as indicated in the application.)
- 2. Your most recent Passport** (book or card)
- 3. A recent color photograph 2x2 inches in size** (See instructions to the application for further specific information and guidelines for your photo. It is important that your photo comply with these requirements, or your application may be rejected.)
- 4. Order for Name Change** (certified copy showing a seal and officiate/judge signature)
- 5. Fee** (See the Department of State fee schedule for costs, available via this [link](#))

## Updating Your Legal Name and Gender Marker on an Existing Passport OR Getting a Passport for the First Time

If you are applying for a gender marker change, submitting a passport application for the first time, or applying for a passport when your old passport is expired, you must apply **in person**. To locate your local Passport Acceptance Facility, please visit: <http://iafdb.travel.state.gov/>. You will need to complete and submit:

- 1. Application for U.S. Passport** (Form DS-11). A copy of the application is available [here](#).
- 2. Proof of U.S. Citizenship** (such as a previous U.S. Passport, certified birth certificate, Certificate of Naturalization, or Report of Birth Abroad)
- 3. Proof of Identity** that contains your signature and photograph that is “a good likeness to you” (such as a previous passport, a driver’s license, a certificate of naturalization, military identification, a government employee identification card, etc.)
- 4. A recent color photograph 2x2 inches in size** . (See instructions to the application for further specific information and guidelines for your photo. It is important that your photo comply with these requirements, or your application may be rejected.)
- 5. Order for Name Change** (certified copy showing a seal and officiate/judge signature)
- 6. A letter from your Physician confirming your gender transition** (see the letter requirements below)
- 7. Fee.** See the Department of State fee schedule for costs:  
<http://travel.state.gov/content/passports/english/passports/information/fees.html>

# Updating Your Legal Name & Gender Marker on Your Passport

## Requirements for Physician's Letter Used to Update Your Gender Marker on an Existing Valid Passport

In accordance with State Department policy, a person can obtain a Passport reflecting his or her current gender by submitting a certification from a physician confirming that he or she has had "appropriate clinical treatment" for gender transition. This policy replaces the State Department's old policy, which required documentation of surgical procedures to change your birth sex. Keep in mind that the State Department will require this certification when either a previous Passport or any other personal documentation presented by an applicant reflects a different gender. The State Department will not accept Court Orders for Gender Change or any other proof of gender besides for this letter.

You must submit a signed letter from a licensed physician confirming that you have had "appropriate clinical treatment" for gender transition. The letter must include:

- Physician's full name
- Medical license or certificate number
- Issuing state or other jurisdiction of medical license/certificate
- Drug Enforcement Administration (DEA) registration number assigned to the physician
- Address and telephone number of the physician
- Language stating that he or she is your attending physician and that he or she has a doctor/patient relationship with you
- Language stating you have had "appropriate clinical treatment" for gender transition to the new gender (male or female)
- Language stating "I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct"

A sample letter can be found on page 31 of the Appendix. You should use the exact language of the sample letter in the Appendix.

## Limited Validity Two-Year Passports vs. Full Validity Ten-Year Passports

The State Department still has an outdated policy that distinguishes between a transition that is "in process" and one that is "complete." This distinction was originally intended for applicants who had recently begun a gender transition and needed documentation to travel abroad, before the requirement for undergoing a surgical procedure was removed. The language we recommend above and in our sample letter indicates to the Department of State that the transition is "complete." However, if you submit a letter that indicates your transition is "in process" you will be issued a limited validity two-year Passport. A limited validity two-year Passport can be extended to a full validity ten-year Passport at no additional cost by submitting Application for U.S. Passport (Form DS-5504), along with the necessary documentation indicated in the form, within two-years of the issue date of your limited validity two-year Passport. A copy of the Application for U.S. Passport is available via this link. You may mail-in Form DS-5504 and accompanying documentation to the National Passport Processing Center or drop-off your completed application and required documentation to your local State Department Office.

Note that any documents you mail-in will be returned if not damaged.

- **By Mail:**

# Updating Your Legal Name & Gender Marker

For Routine Service:

National Passport Processing Center

P.O. Box 90107

Philadelphia, PA 19190-0107

For Expedited Service (Additional Fee):

National Passport Processing Center

P.O. Box 90907

Philadelphia, PA 19190-0107

- **In Person:**

To locate your local Passport Acceptance Facility, please visit this [link](#).

## on Your Birth Certificate

The Arkansas Department of Health has the power to grant a person's request to update their name and gender marker on their Birth Certificate. Notably, to change your gender marker on your birth certificate, Arkansas law requires that the person seeking to change their gender marker present "a certified copy of an order of a court of competent jurisdiction indicating that the sex of an individual born in this state has been changed by surgical procedure and that the individual's name has been changed." This section is designed to walk you through the process of successfully updating your name and gender marker on your Birth Certificate.

### Step 1: Prepare Documents & Fee

- To update your legal name on your Birth Certificate, you will need two documents:
  1. Certified Copy of Order for Name Change
    - Once a Circuit Court Judge has issued an Order for Name Change, you may obtain certified copies of the Order from the Circuit Court Clerk's Office for a fee of up to \$5.00 per copy.
  2. Copy of Original Birth Certificate
- Similarly, to update your gender marker on your Birth Certificate, you will need:
  1. A Certified Copy of Order for Gender Change indicating that your birth sex has been changed by surgical procedure.
    - Once a Circuit Court Judge has issued an Order for Gender Change, you may obtain certified copies of the Order from the Circuit Court Clerk's Office for a fee of up to \$5.00 per copy.
  2. Copy of Original Birth Certificate
- The fee for updating your Birth Certificate is \$15.00. Requests for a copy of an amended Birth Certificate cost an additional \$12.00.
  - The Arkansas Department of Health accepts cash or checks and money orders made payable to "Arkansas Department of Health." They do not accept credit or debit cards.
  - If you plan to request your amended Birth Certificate via mail, please do not send cash.

### Step 2: Deliver Documents

- **By Mail:**

Please send the above documents, along with the required fee to the following mailing address:

Arkansas Department of Health

4815 West Markham Street, Slot 44

Little Rock, Arkansas 72205

We recommend sending a self-addressed, stamped envelope with your request for an amended Birth Certificate.

- **In Person:**

- If you plan to request your amended birth certificate in person, please go to the address listed above. Proceed to the Vital Records Department, which is on the bottom floor, and present your documents.
- The process should take about 30 minutes in total. Someone in the Vital Records Department will retype your birth certificate. You should receive an amended Birth Certificate before you leave the building.

For additional information, please visit this [link](#).







# Getting a Court Order for Gender Change

Under Arkansas law, the Circuit Courts also have the power to grant a person's request to change their gender marker. To obtain such an order, you will likely need to provide the Court with an affidavit from your physician confirming that you have had surgical procedures to change your birth sex. This section is designed to walk you through the process of successfully obtaining a Court Order for Gender Change.

Note that if you also plan to seek an Order for Name Change, you may wish to do so at the same time as seeking an Order for Gender Change to consolidate the fees. Note too, the process for updating your gender marker on various forms of

## Step 1: Prepare Documents

You will need to complete three forms:

1. **Cover Sheet**
2. **Petition for Gender Change**
3. **Order for Gender Change**

Copies of these forms can be found on pages 32-36 of the Appendix.

## Step 2: Fee or Fee Waiver

identification differs depending on the type of identification and a Court Order for Gender Change is not always required.

The fee to change your gender marker is presently \$165.00 (\$195.00 in Saline County).

If you do not have the ability to pay the \$165.00 (or \$195.00 if in Saline County) fee to change your gender marker, you may prepare a fee waiver and request that the Court waive the fee. Generally, a court will base your ability to pay on what you own and how much money you make.

To request a fee waiver, you will need to complete three forms:

1. **Petition for Leave to Proceed *In Forma Pauperis***
  - The person seeking a fee waiver should fill in their current legal name as petitioner.
  - You will need to sign the Petition.
2. **Affidavit in Support of Request to Proceed *In Forma Pauperis***
  - You will need to sign the Affidavit, which you must have notarized.
    - Most banks have a notary that can do this for you for free.
3. **Order Granting Leave to Proceed *In Forma Pauperis***

Copies of these forms can be found on pages 2 1-26 of the Appendix. For more information about the fee, please contact your local Circuit Court Clerk's Office with any questions. A list of all 23 Arkansas Circuit Courts and their pertinent contact information is accessible via this [link](#).

## Step 3: Go to Circuit Court Clerk's Office

- Once you have prepared and carefully proofread the applicable forms listed above, you will need to take the original forms and three copies of the Petition and Affidavit, along with the \$165.00 (or \$195.00 if in Saline County) filing fee or granted fee waiver to the Circuit Court Clerk's Office in the county in which you live.
  - Circuit Courts in Arkansas accept cash or checks and money orders made payable to "[County Name] County Circuit Court Clerk." They do not accept credit or debit cards.
  - There are 23 Circuit Courts in Arkansas. Please use this [link](#) to locate your Circuit Court and the corresponding Clerk's Office.

- If you are filing for a fee waiver, you must first file – and the Judge must grant – your fee waiver (Petition for Leave to Proceed In Forma Pauperis) before you will be able to proceed without paying the filing fee.

## Getting a Court Order for Gender Change

### Step 4: Next Steps

In some Circuits you may be able complete the name change process in one day. In other Circuits, you may need to wait for an available judge, or you may be required to attend a hearing to decide the issue. The Clerk will be able to explain that particular Circuit Court's process.

- A Circuit Court Clerk will be able to explain their particular Circuit Court's process for seeking an Order for Gender Change and should issue a Notice of Hearing. If you do not receive a Notice of Hearing, ask the Clerk to issue one.
- When you receive the Notice of Hearing, ask the Clerk which Judge has been assigned your case.
- Take the Notice of Hearing to the office of the Judge who has been assigned to your case and speak with the Case Coordinator to set a date and time for your hearing.
- After the Case Coordinator fills in the date and time, take the Notice of Hearing back to the Clerk's office. – The Clerk will file the Notice of Hearing.
- On the date and time listed on your Notice of Hearing, return to the Circuit Court indicated on your Notice of Hearing.
  - When you arrive at the Circuit Court, you will generally wait in the assigned courtroom until the bailiff calls your case.
- The Judge will then proceed with the hearing and will likely ask you questions related to you seeking a gender change.
  - It is important that you are respectful and truthfully answer the Judge's questions.
  - In particular, the Judge will likely ask why you are seeking to change your gender. As with the forms, an appropriate response would be *"My birth sex has been changed by surgical procedure."*
  - If you feel uncomfortable attending the hearing and representing yourself before the Judge, you may wish to seek counsel from an attorney.
- Once the Judge has approved an Order for Gender Change, you will take the original Order and copies of the Order to the Clerk's Office to file them.
- We recommend getting several certified copies of the Order for Gender Change, as you will need them to continue the process of updating documents.

# Appendix

ARKANSAS  
TRANSGENDER  
EQUALITY  
COALITION



**Multiple claims.** If a complaint asserts multiple claims which involve different subject matter divisions of the circuit court, the cover sheet for that division which is most definitive of the nature of the case should be selected and completed.

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: CIVIL**



To **Save** a copy of this form to your computer, please click the disk icon on the toolbar above.

The civil reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

**FILING INFORMATION**

County: \_\_\_\_\_ District: \_\_\_\_\_ Docket Number: CV

Judge: \_\_\_\_\_ Division: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_

Attorney Providing Information: \_\_\_\_\_  
 Plaintiff  Defendant  Intervenor Address \_\_\_\_\_

Litigant, if Pro Se: \_\_\_\_\_  
Address \_\_\_\_\_

Related Case(s): Judge \_\_\_\_\_ Case Number(s) \_\_\_\_\_

**Type of Case:**

- |   |   |   |
|---|---|---|
| <b>Torts</b>  | <b>Equity</b>                             | <b>Miscellaneous</b>                                |
| <input type="checkbox"/> (NM) Negligence: Motor Vehicle | <input type="checkbox"/> (FC) Foreclosure | <input type="checkbox"/> (CD) Condemnation          |
| <input type="checkbox"/> (NO) Negligence: Other         | <input type="checkbox"/> (QT) Quiet Title | <input type="checkbox"/> (RE) Replevin              |
| <input type="checkbox"/> (BF) Bad Faith                 | <input type="checkbox"/> (IJ) Injunction  | <input type="checkbox"/> (DJ) Declaratory Judgment  |
| <input type="checkbox"/> (FR) Fraud                     | <input type="checkbox"/> (PT) Partition   | <input type="checkbox"/> (UD) Unlawful Detainer     |
| <input type="checkbox"/> (MP) Malpractice               | <input type="checkbox"/> (OT) Other _____ | <input type="checkbox"/> (IN) Incorporation         |
| <input type="checkbox"/> (PL) Product Liability         |   | <input type="checkbox"/> (EL) Election              |
| <input type="checkbox"/> (OD) Other _____               |   | <input type="checkbox"/> (FJ) Foreign Judgment      |
| <b>Contracts</b>  |   | <input type="checkbox"/> (WT) Writs _____           |
| <input type="checkbox"/> (IS) Insurance                 |   | <input type="checkbox"/> (AA) Administrative Appeal |
| <input type="checkbox"/> (DO) Debt: Open Account        |   | <input type="checkbox"/> (CF) Property Forfeiture   |
| <input type="checkbox"/> (PN) Debt: Promissory Note     |   | <input type="checkbox"/> (RD) Remove Disabilities   |
| <input type="checkbox"/> (EM) Employment                |   | <input type="checkbox"/> (NC) Name Change           |
| <input type="checkbox"/> (OC) Other _____               |   | <input type="checkbox"/> (OM) Other _____           |

**Jury Trial Requested:**  Yes  No      **Manner of Filing:**  Original  Re-open  Transfer  
 Return from Federal/Bankruptcy Court

**DISPOSITION INFORMATION**

Disposition Date: \_\_\_\_\_  Bench Trial  Non-Trial  Jury Trial

**Judgment Type:**

- (DJ) Default Judgment
- (SJ) Summary Judgment
- (CJ) Consent Judgment
- (TJ) Trial Judgment
- (OJ) Other Judgment
- (PG) Petition Granted
- (PD) Petition Denied
- (DF) Decree of Foreclosure

**Dismissal Type:**

- (DW) Dismissed with Prejudice
- (DN) Dismissed without Prejudice

**Other:**

- (TR) Transferred to Another Jurisdiction
- (RB) Removed to Bankruptcy Court
- (RF) Removed to Federal Court
- (AR) Arbitration

**Judgment For:**

Plaintiff  Defendant  Both      Judgment Amount: \$ \_\_\_\_\_

Clerk's Signature \_\_\_\_\_  
AOC 23 10-01  
625 Marshall Street  
Little Rock, AR 72201

Date \_\_\_\_\_

Send 1 paper or electronic copy to AOC upon filing.  
Send 1 paper or electronic copy to AOC upon disposition.  
Keep original in court file.

**Effective 1-1-2002**



IN THE CIRCUIT COURT OF (Insert County) COUNTY, ARKANSAS  
\_\_\_\_\_ DIVISION

IN RE: (Insert Current Name)

PETITION FOR CHANGE OF NAME

Comes, the petitioner, (Insert Current Name), *pro se*, and respectfully states and alleges:

1. That the petitioner is a resident of (Insert County), Arkansas.
2. That petitioner is over the age of eighteen (18) years.
3. That petitioner wishes to change (Insert Gender Pronoun) name for the following reason: (Insert Reason).
4. That therefore, petitioner would like to be known henceforth as (Insert New Name).

WHEREFORE, petitioner requests that an order be entered changing (Insert Gender Pronoun) name from (Insert Current Name) to (Insert New Name).

Respectfully submitted,

\_\_\_\_\_  
(Insert Current Name), PETITIONER  
(Insert Street Address)  
(Insert City, State, and Zip Code)  
(Insert Phone Number)  
VERIFICATION

STATE OF ARKANSAS    )  
  ) SS  
COUNTY OF Insert County)

The undersigned, being duly sworn, states on oath that (Insert Gender Pronoun) has reviewed the above named pleading and that the facts and matters contained therein are true and correct to the best of (Insert Gender Pronoun) knowledge and belief.

---

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

NOTARY PUBLIC

My Commission Expires

IN THE CIRCUIT COURT OF (Insert County) COUNTY, ARKANSAS  
\_\_\_\_\_ DIVISION

IN RE: (Insert Current Name)

ORDER FOR CHANGE OF NAME

On this date, the petition of (Insert Current Name) is presented, the petitioner appearing pro se, and the Court, from the petition filed herein, with testimony given, or other proof before the Court, finds:

The petitioner has shown reasonable cause for changing (Insert Gender Pronoun) name.

IT IS THEREFORE ORDERED that petitioner's name be changed from (Insert Current Name) to (Insert New Name) and that petitioner shall hereinafter be known as (Insert New Name); and

IT IS FURTHER ORDERED that (Insert Gender Pronoun) shall sue and be sued, plead and be impleaded, by the name (Insert New Name); and

IT IS FURTHER ORDERED that the petition filed here in, and this order, be entered by the Clerk upon the record of this Court.

---

CIRCUIT JUDGE

\_\_\_\_\_  
DATE

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ARKANSAS

IN RE PETITION OF \_\_\_\_\_  
TO PROCEED IN FORMA PAUPERIS

CASE NO. \_\_\_\_\_

**PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

COMES NOW the Plaintiff, \_\_\_\_\_, *pro se*, who hereby petitions the court for Leave to Proceed *In Forma Pauperis* and does allege and state as follows:

1. That Plaintiff, a resident of the State of Arkansas, has prepared and desires to file with this Court a

\_\_\_\_\_.

2. That Plaintiff has completed an Affidavit in Support of Request to *Proceed In Forma Pauperis* setting out his/her income and assets. Plaintiff's Affidavit accompanies this petition.

3. That Plaintiff's income barely suffices to meet the costs of life's daily essentials and includes no allotment that could be budgeted to pay for court fees and costs incident to this proceeding.

4. That Plaintiff has no other income in addition to that described in his/her Affidavit and no means of paying such costs without being reduced to total impoverishment.

6. That Plaintiff believes that he/she is entitled to the relief requested in the accompanying \_\_\_\_\_ and that such action is not brought for a frivolous or malicious purpose.

WHEREFORE, Plaintiff prays that the court enter an order allowing the Plaintiff to prosecute this action *In Forma Pauperis* and that the Plaintiff may have the necessary writs and processes without payment of fees or costs for the same.

Respectfully submitted,

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ARKANSAS

IN RE PETITION OF \_\_\_\_\_  
TO PROCEED IN FORMA PAUPERIS

CASE NO. \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the petitioner in the above-entitled case; that in support of my motion to proceed without being required to prepay fees, costs or to give security therefore, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore; that I believe I am entitled to redress.

I further swear that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? YES/NO
  - a. If the answer is “yes,” state the amount of your salary or wagers per month, and give the name and address of your employer.
  - b. If the answer is “no,” state the date of last employment and the amount of the salary and wagers per month which you received.
2. Have you received within the past twelve (12) months any money from any of the following sources:
  - a. Business, profession, or any form of self-employment? YES/NO
  - b. Rent payments, interest, or dividends ? YES/ NO
  - c. Pensions, annuities, or life insurance payments? YES/NO
  - d. Gifts or inheritances? YES/NO
  - e. Any other sources? YES/NO

If the answer to any of the above is “yes,” describe each source of money and state the amount received from each during the past twelve (12) months:

3. Do you have any money on hand, or do you have money in a checking, savings, or other bank account? YES/NO

If the answer is "yes," state the total amount of money you have on hand and in each account:

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? YES/NO

If the answer is "yes," describe the property and state its approximate value:

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

6. [TO BE COMPLETED ONLY IF PETITIONER IS INCARCERATED IN THE ARKANSAS DEPARTMENT OF CORRECTION OR ANY OTHER PENAL INSTITUTION]

Do you have any funds in the inmate welfare funds? YES/NO

If the answer is "yes," state the total amount in the account and have the certificate, found below, completed by the authorized officer of the institution. I

understand that a false statement or answer to any questions in the affidavit will subject me to penalties for perjury.

\_\_\_\_\_  
Signature of Petitioner

STATE OF ARKANSAS        )  
  ) SS  
COUNTY OF \_\_\_\_\_)

The Petitioner, \_\_\_\_\_, being first duly sworn under oath, presents that he/she has read and subscribed to the above and states that the information therein is true and correct.

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



My commission expires: \_\_\_\_\_

(SEAL)

CERTIFICATE

(To be completed by authorized officer of the penal institution)

I hereby certify that the petitioner herein, \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he/she is confined.

I further certify that petitioner likewise has the following securities to his/her credit according to the records of said institution:

\_\_\_\_\_  
Authorized Officer of the Institution  
IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ARKANSAS

IN RE PETITION OF \_\_\_\_\_  
TO PROCEED IN FORMA PAUPERIS

CASE NO. \_\_\_\_\_

**ORDER GRANTING LEAVE TO PROCEED IN FORMA PAUPERIS**

On this day comes on to be heard the petition of \_\_\_\_\_, that he/she be permitted to prosecute the above action *In Forma Pauperis*. The Court being satisfied of the truth of the facts alleged and good cause appearing thereto, IT IS HEREBY ORDERED:

1. That Plaintiff, \_\_\_\_\_, be authorized and permitted to proceed in the above-captioned cause, *In Forma Pauperis*.
2. That the Clerk of the Court shall receive and file any necessary forms or pleadings incident to petitioner's action without requiring the payment of fees or costs.

3. That the sheriffs of the counties of the State of Arkansas shall serve writs or processes incident to petitioner's action without requiring the payment of fees or costs.
4. That no other officer shall require of the petitioner any fee or cost incident to this action.

IT IS SO ORDERED.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

**Sample Doctor's Letter  
Sex Designation Change - Social Security Record**

[Licensed Physician's Letterhead] [Including Physician's Address and Telephone Number]

I, [physician's full name], [physician's medical license or certificate number], [issuing U.S. State/Foreign Country of medical license/certificate], [DEA Registration number or comparable foreign designation], am the physician of [name of patient], with whom I have a doctor/patient relationship and whom I have treated [or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated].

[Name of patient] has had appropriate clinical treatment for gender transition to the new gender of [female or male].

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

[Signature of Physician]

[Typed Name of Physician]

[Date]

From: Gayle Boliou [mailto:[Gayle.Boliou@dfa.arkansas.gov](mailto:Gayle.Boliou@dfa.arkansas.gov)]  
Sent: Thursday, April 07, 2011 3:38 PM To:  
Subject: Forms request

To change your name and gender there are no forms. You simple go to your local Arkansas revenue office and bring your current driver's license along with either a marriage license, divorce decree, specifically stating you may change your name, or court order for a name change. For gender change no documentation is required you just have the clerk change it for you.

Gayle Boliou, Supervisor  
Driver License Issuance  
Driver Services  
Telephone: [501-682-7053](tel:501-682-7053)  
Fax: [501-682-7934](tel:501-682-7934)

Sent from my iPhone

December 3, 2010

Changing gender on a Driver License-Our official policy is to allow a licensee to change their gender as requested, no questions asked, no documentation required. Please see that this policy is followed.

Mike Munns,  
Assistant Commissioner Operations & Administration

**DRIVER'S LICENSE GENDER DESIGNATION FORM**

**TO BE COMPLETED BY APPLICANT**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(License/Identification Card Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

I, \_\_\_\_\_ wish to change the gender on my  
(Print Name)

driver's license / identification card to read:

**Male**

**Female**

*(Circle One)*

***I hereby certify under penalty of law that this request for gender designation is for the purpose of ensuring my driver's license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.***

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



**Sample Doctor's Letter**  
**Sex Designation Change - U.S. Passport**

[Licensed Physician's Letterhead]  
[Including Physician's Address and Telephone Number]

I, [physician's full name], [physician's medical license or certificate number], [issuing State of medical license/certificate], [DEA Registration number], am the attending physician of [name of patient], with whom I have a doctor/patient relationship.

[Use this language if the patient's gender transition is completed:]

[Name of patient] has had appropriate clinical treatment for gender transition to the new gender of [female or male].

**OR**

[Use this language if the patient's gender transition is in process:]

[Name of patient] is in the process of gender transition to the new gender of [female or male].

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

[Signature of Physician]  
[Typed Name of Physician]  
[Date]





**Multiple claims.** If a complaint asserts multiple claims which involve different subject matter divisions of the circuit court, the cover sheet for that division which is most definitive of the nature of the case should be selected and completed.

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: CIVIL**



To **Save** a copy of this form to your computer, please click the disk icon on the toolbar above.

The civil reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

**FILING INFORMATION**

County: \_\_\_\_\_ District: \_\_\_\_\_ Docket Number: CV

Judge: \_\_\_\_\_ Division: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_

Attorney Providing Information: \_\_\_\_\_  
 Plaintiff  Defendant  Intervenor Address \_\_\_\_\_

Litigant, if Pro Se: \_\_\_\_\_ Address \_\_\_\_\_

Related Case(s): Judge \_\_\_\_\_ Case Number(s) \_\_\_\_\_

**Type of Case:**

- |   |   |   |
|---|---|---|
| <b>Torts</b>  | <b>Equity</b>                             | <b>Miscellaneous</b>                                |
| <input type="checkbox"/> (NM) Negligence: Motor Vehicle | <input type="checkbox"/> (FC) Foreclosure | <input type="checkbox"/> (CD) Condemnation          |
| <input type="checkbox"/> (NO) Negligence: Other         | <input type="checkbox"/> (QT) Quiet Title | <input type="checkbox"/> (RE) Replevin              |
| <input type="checkbox"/> (BF) Bad Faith                 | <input type="checkbox"/> (IJ) Injunction  | <input type="checkbox"/> (DJ) Declaratory Judgment  |
| <input type="checkbox"/> (FR) Fraud                     | <input type="checkbox"/> (PT) Partition   | <input type="checkbox"/> (UD) Unlawful Detainer     |
| <input type="checkbox"/> (MP) Malpractice               | <input type="checkbox"/> (OT) Other _____ | <input type="checkbox"/> (IN) Incorporation         |
| <input type="checkbox"/> (PL) Product Liability         |   | <input type="checkbox"/> (EL) Election              |
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| <b>Contracts</b>  |   | <input type="checkbox"/> (WT) Writs _____           |
| <input type="checkbox"/> (IS) Insurance                 |   | <input type="checkbox"/> (AA) Administrative Appeal |
| <input type="checkbox"/> (DO) Debt: Open Account        |   | <input type="checkbox"/> (CF) Property Forfeiture   |
| <input type="checkbox"/> (PN) Debt: Promissory Note     |   | <input type="checkbox"/> (RD) Remove Disabilities   |
| <input type="checkbox"/> (EM) Employment                |   | <input type="checkbox"/> (NC) Name Change           |
| <input type="checkbox"/> (OC) Other _____               |   | <input type="checkbox"/> (OM) Other _____           |

**Jury Trial Requested:**  Yes  No      **Manner of Filing:**  Original  Re-open  Transfer  
 Return from Federal/Bankruptcy Court

**DISPOSITION INFORMATION**

Disposition Date: \_\_\_\_\_  Bench Trial  Non-Trial  Jury Trial

**Judgment Type:**

- (DJ) Default Judgment
- (SJ) Summary Judgment
- (CJ) Consent Judgment
- (TJ) Trial Judgment
- (OJ) Other Judgment
- (PG) Petition Granted
- (PD) Petition Denied
- (DF) Decree of Foreclosure

**Dismissal Type:**

- (DW) Dismissed with Prejudice
- (DN) Dismissed without Prejudice

**Other:**

- (TR) Transferred to Another Jurisdiction
- (RB) Removed to Bankruptcy Court
- (RF) Removed to Federal Court
- (AR) Arbitration

**Judgment For:**

Plaintiff  Defendant  Both      Judgment Amount: \$ \_\_\_\_\_

Clerk's Signature \_\_\_\_\_  
AOC 23 10-01  
625 Marshall Street  
Little Rock, AR 72201

Date \_\_\_\_\_

Send 1 paper or electronic copy to AOC upon filing.  
Send 1 paper or electronic copy to AOC upon disposition.  
Keep original in court file.

**Effective 1-1-2002**

IN THE CIRCUIT COURT OF (Insert County) COUNTY, ARKANSAS  
\_\_\_\_\_ DIVISION

IN RE: (Insert Current Name)

PETITION FOR CHANGE OF GENDER

Comes, the petitioner, (Insert Current Name), *pro se*, and respectfully states and alleges:

1. That the petitioner is a resident of (Insert County), Arkansas.
2. That petitioner is over the age of eighteen (18) years.
3. Petitioner's Certificate of Birth, issued by the Arkansas Department of Health, Division of Vital

Records, currently designates Petitioner's gender status as (Insert Gender on Birth Certificate).

4. Petitioner has undergone a surgical procedure to change (Insert Gender Pronoun) gender from (Insert Gender of Birth Certificate) to (Insert Gender Desired to Appear on Birth Certificate). (*See affidavit of surgeon attached to this Petition as Exhibit A.*)

5. Petitioner desires a legal change of gender designation from (Insert Gender of Birth Certificate)

to (Insert Gender Desired to Appear on Birth Certificate) and that a substituted Certificate of Birth be issued designating Petitioner's gender as (Insert Gender Desired to Appear on Birth Certificate) pursuant to A.C.A. § 20-18-307(d).

6. Petitioner states and affirms that (Insert Gender Pronoun) desire for a change of gender designation is not for the purpose of fraud, misrepresentation, interference with the rights of others, escaping any debt, or for any other illegal purpose.

ACCORDINGLY, Petitioner requests that this Court enter an Order authorizing a legal

change of Petitioner's gender designation from (Insert Gender of Birth Certificate) to (Insert Gender

Desired to Appear on Birth Certificate) in accordance with the laws of Arkansas; that a substituted Certificate of Birth designating Petitioner's gender as male be issued; and for all other just and proper relief.

Respectfully submitted,

---

(Insert Current Name), PETITIONER  
(Insert Street Address)  
(Insert City, State, and Zip Code)  
(Insert Phone Number)



Certificate) to (Insert Gender Desired to Appear on Birth Certificate).

3. Petitioner has shown reasonable cause, pursuant to A.C.A. § 20-18-307(d), for changing (Insert Gender Pronoun) gender designation to (Insert Gender Desired to Appear on Birth Certificate) and for requesting a new birth certificate.

IT IS, THEREFORE, ORDERED, that Petitioner’s gender designation shall from this time forward be (Insert Gender Desired to Appear on Birth Certificate) and that the Arkansas Department of Health, Division of Vital Records, shall issue an certificate of birth reflecting the gender as ordered herein.

\_\_\_\_\_  
CIRCUIT JUDGE

\_\_\_\_\_  
DATE

