



REQUEST for NAME CHANGE

**Administrative Office of Pennsylvania Courts
Lawyer Assessment
P.O. Box 46
Camp Hill, PA 17001-0046
Telephone (717) 731-7073
Fax (717) 731-7080**

ATTORNEY NAME: _____
(as currently registered on the database)

ATTORNEY NUMBER: _____

NAME TO BE CHANGED TO: _____

REASON FOR NAME CHANGE: _____

EFFECTIVE DATE OF NAME CHANGE: _____

ATTORNEY TELEPHONE NUMBER: _____

Please return this form with a copy of the official document authorizing the name change (*i.e. marriage certificate, divorce decree*) to the address below:

**Administrative Office of PA Courts
Lawyer Assessment
P.O. Box 46
Camp Hill, PA 17001-0046**

Signature

Date

**MAIL OR FAX THIS FORM TO
THE ADMINISTRATIVE OFFICE OF PA COURTS
ATTN: LAWYER ASSESSMENT**