

Post Office Box 96 ♦ Mascotte, Florida 34753

Ph: 352-429-7875 Fax: 352-429-0466

Email: affparalegal@aol.com

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AFFORDABLE DOCUMENTS, INC.

Thank you for your call regarding your name change. Enclosed you will find the questionnaire regarding same. Once completed, please return it to me with payment and your paperwork will be processed immediately. If you have any questions regarding the questionnaire, please call. Thanks again for your interest in Affordable Documents, Inc.

Sincerely,

Vicki Smith

Document Preparer/Paralegal



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AFFORDABLE DOCUMENTS, INC.

STATEMENT

Name Change Document Preparation......................................$150.00\*

\*This does not include any filing fees, etc.

Thank you for your patronage.

Affordable Documents, Inc.

*Service Disclosure and Liability Agreement*

1. I, the customer, understand and agree that Affordable Documents, Inc. hereinafter referred to as A.D.I. are not licensed attorneys and do not practice law in the State of Florida.

2. I understand that A.D.I. may not, will not, and cannot provide me with: legal advice, representation in a court of law, a description of what my rights or remedies are, or tell me how to testify in court.

3. I hereby affirm and declare that I have not received from A.D.I. or any person in it’s employ any legal advice whatsoever; any verbal or written answers as to how to complete the Name Change Questionnaire, nor as to my rights, obligations or remedies available as a matter of law, nor as to any other matter concerning my Name Change action.

4. I hereby affirm and declare that A.D.I. has not engaged in any fraudulent, unfair, or deceptive conduct, nor has A.D.I. prepared my Name Change negligently or fraudulently, and has prepared the same according to my specific instructions, strictly with the information I provided A.D.I. within this Name Change Questionnaire.

5. I understand and agree that any word processing or typing service errors made by A.D.I. will be corrected by A.D.I. at no charge. However, if the errors or omissions are due to no fault of A.D.I., I will be charged an additional fee for any corrections requested. My acceptance of the completed documents prepared by A.D.I. indicates my approval of the contents therein.

6. I understand and agree that any balance due from work performed by A.D.I. is to be paid in full within 60 days from the date stated below. Furthermore, no documents will be released until said balance is paid in full. At the end of the 60 days and if the balance due and owing is not paid in full, A.D.I. may remove my file from pending status without further notice and I will be subject to recharge in the amount originally agreed upon for services rendered, unless other arrangements are made with A.D.I. by me. I further understand and agree that all deposits paid in order to open my file are non-refundable.

7. I understand and agree that A.D.I. will not be held responsible for any completed documents that are lost or stolen.

8. I understand and agree that A.D.I. assumes no liability resulting from my use of any misleading, deceptive, ambiguous, and/or fraudulent information received from me, which is subsequently incorporated into any document I have instructed A.D.I. to prepare for my filing within a court of law.

9. I, the customer hereby direct A.D.I. to process my petition for Name Change and all other required documents necessary to complete this action from the data received from the following numbered questions. This is a service that A.D.I. offers to the public at-large, and I hereby acknowledge and affirm that I have read the foregoing statements 1 through 9 in full, and that I understand and agree with same, as evidenced by my signature below.

*Customer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

NAME CHANGE INFORMATION SHEET

Petitioner name:

Phone number:

Address:

County:

Petitioner place of birth:

Date of birth:

Petitioner’s father’s name is/was:

Petitioner’s mother’s name is/was:

Petitioner’s places of residence since birth have been: (use separate sheet of paper if necessary)

Petitioner married? If so, spouse’s name:

Petitioner have children? If so, children’s names and residence:

Have you ever had your name changed before? If so, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Petitioner’s occupation:

Employer:

Employment for the last five years: (use separate sheet of paper if necessary)

Own a business? If so, what position and how many years: (use separate sheet of paper if necessary)

Are you in a profession? If so, state places you have practiced:

Petitioner has graduated from the following schools:

Petitioner has been known by the following names:

Have you ever filed bankruptcy? If so, state place and date:

Have your ever been convicted of a felony? If so, state the felony, date and place:

Have you had a money judgment entered against you? If so, state the creditor, amount, date, court, and if it has been satisfied:

Please state the name you wish to change to:

**DISCLOSURE FROM NONLAWYER**

*VICKI SMITH*, told me that she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. *VICKI SMITH*  informed me that she is not a paralegal and cannot call herself a paralegal.

*VICKI SMITH*, told me that she may only type the factual information provided by me in writing into the blanks on the form. *VICKI SMITH*, may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, *VICKI SMITH*,may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[**v** **one** only]

**\_\_\_** I can read English.

\_\_\_ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

*{name}*  in *{language}*  , which I understand.

Dated: ⇨

Signature of Party