ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
3320 GARNER ROAD
PO BOX 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX (919) 662-4523

GREGORY S. MCLEOD
DIRECTOR

Right to Review Request Form

COMPLETE FILLABLE FORM BELOW -OR- PRINT COPY & **CLEARLY** TYPE or PRINT

Applicant's Full Name: _____ Date: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Sex: *(Check X one)* ☐ Male ☐ Female Race: _____

Reason for Request: _____

_____

The following items are required for completion of your request:

1) Completed **Right to Review Request Form**. Please make a copy for personal records and submit original to the N.C. State Bureau of Investigation as indicated below.

   A **complete set of fingerprints** on a FD-258 applicant Fingerprint card. You can have a set of your fingerprints made at your local law enforcement agency (police department or sheriff's office). Further instructions for the law enforcement officer taking your fingerprints are provided on page 5. DO NOT FOLD FINGERPRINT CARD.

2) There is a **$14.00 fee** for each Right to Review request. The fee **must be** in the form of a certified check **OR** money order made payable to N.C. State Bureau of Investigation. NO PERSONAL CHECKS WILL BE ACCEPTED. Multiple requests may be submitted in one envelope. Please do not endorse certified check or money order on back as it will be returned to you.

3) Mail the above items to:

   North Carolina State Bureau of Investigation
   Criminal Information and Identification Section
   Attention: Applicant Unit — Right to Review
   3320 Garner Road - Post Office Box 29500
   Raleigh, North Carolina 27626-0500

If any of the required items listed above are missing or incomplete, the request will be returned to you.

Requests will only be accepted by mail and we will only return the response to the applicant by first class mail. We do not utilize companies such as Federal Express-Overnight for returns. Please do not send a prepaid envelope as it will be returned to you with your request. WE CANNOT SEND RESULTS TO A THIRD PARTY.

* For further questions, please call the SBI at (919) 662-4509, extension 6266. *

I-783 (Rev. 7-1-2013)

PRIVACY ACT STATEMENT OMB-1110-0052

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information ***Denotes Required Fields***

*Last Name _____ *First Name _____

Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident: Yes ◯ No ◯

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

*Hair *(please check appropriate box):*

☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Orange ☐ Pink
☐ Purple ☐ Red/Auburn ☐ Sandy ☐ Unknown ☐ White

*Eyes (please check appropriate box):

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Multicolored ☐ Pink ☐ Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____

Address _____

City _____ State _____

Postal (Zip) Code _____ Country _____

Phone Number (if different from above) _____

Payment Enclosed: *(please check appropriate box)*

☐ CERTIFIED CHECK ☐ MONEY ORDER ☐ CREDIT CARD FORM

Reason for Request:

☐ Personal review ☐ Challenge information on your record ☐ Adoption of a child in the U.S.
☐ International adoption ☐ Live, work, or travel in a foreign country ☐ Other

* **APPLICANT SIGNATURE** _____ **DATE** _____

Mail the signed applicant information form, fingerprint card, and payment of $18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Criminal History Summary to review it or obtain a change, correction, or an update to the summary.

Credit Card Payment Form

* Denotes Required Fields

Applicant Name

* Name
(as it appears on credit card)
Company Name (if applicable)
* Billing Address
Billing Address 2
* City
* State/Province
* Postal (ZIP) Code
* Country

* **Credit Card #:**

* Expiration Date (MM/YYYY)
* Total Amount To Be Billed To Credit Card $
(x $18 US Dollars Per Request)

* Card Holder Signature _____

No Charge Backs or Refunds
All Sales Final

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK
OF SUPERIOR COURT

_____SP_____

IN RE CHANGE OF NAME

FROM:_____

TO: _____

AFFIDAVIT OF
CHARACTER

1. I, _____, being duly sworn, depose and say, I am a resident of _____ _____County, North Carolina. I have known the Petitioner for _____ years.

2. I personally know the petitioner to be a person of good character and know that the petitioner has a reputation as a person with good character and good standing in the community.

Respectfully submitted, this the _____ day of _____, 20_____.

Signature _____
Printed Name _____
Address _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20 ____.

(Official Seal)

Notary Public _____
My commission expires _____, 20 ____.

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK
OF SUPERIOR COURT

_____SP_____

IN RE CHANGE OF NAME

FROM:_____

TO: _____

AFFIDAVIT OF
CHARACTER

1. I, _____, being duly sworn, depose and say, I am a resident of _____ _____County, North Carolina. I have known the Petitioner for _____ years.
2. I personally know the petitioner to be a person of good character and know that the petitioner has a reputation as a person with good character and good standing in the community.

Respectfully submitted, this the _____ day of _____, 20_____.

Signature _____
Printed Name _____
Address _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20 ____.

(Official Seal)

Notary Public _____
My commission expires _____, 20 ____.

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK
OF SUPERIOR COURT
___SP_____

IN RE CHANGE OF NAME

FROM: _____

TO: _____

AFFIDAVIT REGARDING OUTSTANDING TAX OR CHILD SUPPORT OBLIGATIONS

The undersigned petitioner, being first duly sworn, deposes and says:

1. I am the petitioner in the request for a legal name change posted on the _____ day of _____, 20____.

2. I am a bona fide resident of, and domiciled in, the county where the name change is being sought.

3. I do not have an outstanding tax obligation.

4. I do not have an outstanding child support obligation.

Respectfully submitted, this the _____ day of _____, 20____.

By: _____
Petitioner

I, _____, a Notary Public for said County and State, do hereby certify that _____, the petitioner, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20 ____.

(Official Seal)

Notary Public _____
My commission expires _____, 20 ____.

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK
OF SUPERIOR COURT

IN RE CHANGE OF NAME

FROM:_____

TO:_____

NOTICE OF INTENT TO FILE
NAME CHANGE

TO THE _____COUNTY CLERK OF SUPERIOR COURT:

_____, residing at _____, hereby gives notice of intent to file in the Office of the Clerk of Superior Court of _____County, North Carolina, ten (10) days after the date of this notice, a Petition that the Court issue an Order changing Petitioner's name from _____to_____.

This the _____day of_____, 20____.

By:_____
Petitioner

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK
OF SUPERIOR COURT
___SP_____

IN RE CHANGE OF NAME

FROM: _____

TO: _____

AFFIDAVIT REGARDING
OUTSTANDING TAX OR
CHILD SUPPORT
OBLIGATIONS

The undersigned petitioner, being first duly sworn, deposes and says:

1. I am the petitioner in the request for a legal name change posted on the _____ day of _____, 20____.

2. I am a bona fide resident of, and domiciled in, the county where the name change is being sought.

3. I do not have an outstanding tax obligation.

4. I do not have an outstanding child support obligation.

Respectfully submitted, this the _____ day of _____, 20____.

By: _____
Petitioner

I, _____, a Notary Public for said County and State, do hereby certify that _____, the petitioner, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20 ____.

(Official Seal)

Notary Public _____
My commission expires _____, 20 ____.

STATE OF NORTH CAROLINA | **IN THE GENERAL COURT OF JUSTICE**

COUNTY OF _____ | **BEFORE THE CLERK OF SUPERIOR COURT**

_____ SP _____

IN RE CHANGE OF NAME

FROM:_____

TO:_____

PETITION FOR NAME CHANGE

TO THE _____COUNTY CLERK OF SUPERIOR COURT:

Now comes the Petitioner, _____, petitioning the Clerk of Superior Court pursuant to N.C.G.S. § 101-2 and 101-3 to enter an order changing the Petitioner's name.

In support of this petition, the Petitioner shows the clerk the following required information:

1. Petitioner is a bona fide resident of, and domiciled in _____County, North Carolina.

2. Petitioner is seeking to change Petitioner's name from _____to _____.

3. The Petitioner was born in _____city in _____ state on _____.

4. The full name of the Petitioner's mother as shown on the birth certificate is _____.

5. The full name of the Petitioner's father as shown on the birth certificate is _____.

6. This name change petition is requested because _____ _____.

7. The Petitioner has not had Petitioner's name changed by law prior to this petition.

WHEREFORE, the Petitioner prays the Clerk enter an order changing Petitioner's name:

From: _____

To: _____

Respectfully submitted, this the_____day of_____, 20__

By:_____
Petitioner

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
BEFORE THE CLERK OF SUPERIOR COURT
FILE NO.: ____ SP _____

IN THE MATTER OF THE CHANGE OF NAME)
)
OF: _____)
(Your current name))
) **ORDER**
)
TO: _____)
(The name you want))

THIS CAUSE coming on to be heard and being heard before the undersigned Clerk on the ___ day of _____, 20___, on the Petition for Name Change filed by _____, Petitioner in the above-captioned action. Upon review of the evidence submitted, and for the reasons stated in the Petition, Petitioner's name change shall be granted. The Court makes the following:

FINDINGS OF FACT

1. Petitioner's true name is _____.
2. Petitioner was born on the ___ day of _____, _____, in the County of _____, State of _____.
3. Petitioner's birth certificate identifies the full names of his/her mother and father as _____ and _____, respectively.
4. Petitioner desires to adopt the following name: _____.
5. Petitioner is a bona fide resident of, and domiciled in, the County of _____.
6. Petitioner has complied with the notice requirement in N.C. Gen. Stat. § 101-2.
7. ☐ Petitioner has averred that s/he has no outstanding tax or child support obligations.
   OR
   ☐ Petitioner either has outstanding tax or child support obligations.

8. The Court has reviewed the following evidence submitted in support of the application:

   a. Verified Petition for Legal Name Change of an Adult
   b. Two (2) Affidavits of Good Character
   c. Certified FBI national criminal history check and SBI state criminal history check
   d. Limited title search that included a judgment and civil action check
   e. A recent certified true copy of Petitioner's birth certificate

9. ☐ In addition, sworn testimony was received, confirming the reasons why Petitioner has requested the name change, where Petitioner resides and is domiciled, and whether Petitioner has outstanding taxes or child support obligations.

Based on the above FINDINGS OF FACT, the Court makes the following:

CONCLUSIONS OF LAW

1. Petitioner has met the requirements of N.C. Gen. Stat. § 101.

2. Good and sufficient reasons exist for the Petitioner's change of name.

Based on the above FINDINGS OF FACT and CONCLUSIONS OF LAW, it is therefore **ORDERED**, **ADJUDGED**, and **DECREED** that Petitioner's true name be changed from _____ to _____.

THIS the ___ day of _____, 20___.

_____
Assistant Clerk of Superior Court
_____ County, North Carolina

STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
☐ District ☐ Superior Court Division

Name Of Plaintiff	PETITION TO SUE/APPEAL/FILE MOTIONS AS AN INDIGENT
VERSUS	
Name Of Defendant	G.S. 1-110; 7A-228

AFFIDAVIT

(check one of the three boxes below)

☐ **Petition To Sue** - As a plaintiff in the above entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of this action. Therefore, I now petition the Court for an order allowing me to bring suit in this action as an indigent.

☐ I am an inmate in the custody of the Department of Correction.
(**Note To Clerk:** *If this block is checked, this Petition must be submitted to a Superior Court Judge for disposition provided on the reverse.*)

☐ **Petition To File Motions** - As a defendant debtor in the above entitled action, I affirm that I am financially unable to advance the required costs to file a motion. Therefore, I now petition the Court for an order allowing me to file my motion as an indigent.

☐ **Petition To Appeal** - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court. Therefore, I now petition the Court for an order allowing me to appeal this action to district court as an indigent.

(check one or more of the boxes below as applicable)

☐ I am presently a recipient of

☐ food stamps. ☐ Aid to Families With Dependent Children (AFDC). ☐ Supplemental Security Income (SSI).

☐ I am represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or I am represented by private counsel working on behalf of such a legal services organization. (Attach a letter from your legal services attorney or have your attorney sign the certificate below.)

☐ Although I am not a recipient of food stamps, AFDC, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature	Signature Of Petitioner
Title Of Person Authorized To Administer Oaths		Name And Address Of Petitioner (Type Or Print)
Date Commission Expires SEAL		

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION

I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal services organization.

Date	Signature
Name And Address (Type Or Print)	

ORDER

Based on the Affidavit appearing above, it is ORDERED that:

☐ the petitioner is authorized to bring suit, to appeal, or file motions in this action as an indigent.

☐ the petition is denied.

Date	Signature	☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Judge ☐ Magistrate (for appeal only)

NOTE TO CLERK: *If the petitioner is NOT a recipient of food stamps, AFDC, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.*

(Over)

ORDER - DOC INMATES

The undersigned superior court judge of this district finds that the petitioner is an inmate in the custody of the Department of Correction and that the complaint

☐ is not frivolous.
☐ is frivolous.

It is ORDERED that

☐ the petitioner is authorized to sue in this action as an indigent.
☐ the petitioner is not authorized to sue as an indigent.
☐ the action is dismissed.

Date	*Name Of Superior Court Judge (Type Or Print)*	*Signature Of Superior Court Judge*

CERTIFICATION

I certify that this Petition has been served on the party named by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Date	*Signature*	☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*

NOTE: *G.S. 1-110(b) provides: "The Clerk of Superior Court shall serve a copy of the order of dismissal upon the prison inmate."*