

**UNITED STATES DISTRICT COURT  
for the  
SOUTHERN DISTRICT OF INDIANA**

**EX PARTE**

**EX PARTE MOTION FOR VICTIM NAME CHANGE**

This form is to be used by a victim or a victim’s authorized representative when requesting to change the name of a criminal restitution victim (i.e., the identity of the victim is the same as in the Judgment, only the name has changed). See instructions on p.2.

This form may not be used to request a change in restitution payee (i.e., the identity of the person or corporation owed restitution has changed). To request a payee change, use the "Ex Parte Motion for Payee Change" form.

| SECTION 1 - VICTIM INFORMATION   |   |               |
|--|---|---------------|
| <b>a.</b> Victim Name (as it appears in the judgment):   | <b>b.</b> Criminal Case Number(s):  |               |
| Address  |   |               |
| <b>c.</b> Street   |   |               |
| <b>d.</b> City   | <b>e.</b> State   | <b>f.</b> Zip |
| <b>g.</b> Phone  | <b>h.</b> Email   |               |
| <b>i.</b> <input type="checkbox"/> Check if request is being made by an authorized representative of the victim.<br>Victim representative name: _____<br>Representative’s relationship to victim: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Legal counsel<br><input type="checkbox"/> Other (please specify): _____ |   |               |
| SECTION 2 - NEW NAME   |   |               |
| <b>j.</b> Name   | <b>k.</b> Street  |               |
| <b>l.</b> City   | <b>m.</b> State   | <b>n.</b> Zip |
| <b>o.</b> Phone (if changed)   | <b>p.</b> Email (if changed)  |               |
| SECTION 3 - SUPPORTING DOCUMENTATION   |   |               |
| <b>q.</b> <input type="checkbox"/> The undersigned has read instructions for completing this Ex Parte Motion for Victim Name Change (p.2) and is providing the required supporting documentation with this request.  |   |               |
| SECTION 4 - DECLARATION  |   |               |
| <b>r. For Individual Victim:</b><br>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.   | <b>s. For Representative of Individual or Organizational Victim:</b><br>I, _____ 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  |               |
| USAO USE ONLY – USAO Authorization of Victim Name Change   |   |               |
| Signature  | Title   |               |
| Date   | Date  |               |

**Instructions for Completing Ex Parte Motion for Victim Name Change**

**SECTION 1 - VICTIM INFORMATION**

- Box a** Enter the victim’s name as it appears on the criminal judgment or order of restitution.
- Box b** Provide the case number, or if you do not have it, the defendant's name and as much information about the criminal case(s) as you can.
- Boxes c-h** Provide the address currently on file with the court and other contact information.
- Box i** 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, enter your name, and check the appropriate box describing your relationship to the victim.

**SECTION 2 - NEW NAME**

- Boxes j-p** Enter the new name to which restitution payments should be sent and other contact information.

**SECTION 3 - SUPPORTING DOCUMENTATION**

- Box q** Check Box q in Section 3 to indicate that you have read these instructions and are providing the appropriate supporting documentation. At least one of these documents is required to support the request:

|   |
|---|
| <b>Documentation Requirements for Individual Name Change</b>  |
| A copy of a driver’s license or other government-issued ID with victim’s new name                                       |
| A marriage certificate, divorce decree, or other court order showing name change  |
| A copy of an automobile or homeowner’s/renter’s insurance policy or bill  |
| A copy of a utility bill that shows the victim payee’s name   |
| Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement |
| <b>Documentation Requirements for Organizational Name Change</b>  |
| Corporate filings or records showing name change  |

**SECTION 4-DECLARATION**

- Boxes r-s** By signing this form, you declare under penalty of perjury that the information and the supporting documentation you are providing are true and correct.

**HOW TO SUBMIT:** The fully executed form and any supporting documentation should be sent to the U.S. Attorney's Office:

**QUESTIONS:** Please direct any questions to the U.S. Attorney's Office.

Copy to:  
 United States Attorney's Office for the Southern District of Indiana  
 Attn: Victim Witness Coordinator  
 135 N. Pennsylvania Street, Suite 2100, Indianapolis, IN 46204  
 -OR- Email: Stephanie.Lloyd@usdoj.gov and Johnna.Preidt@usdoj.gov  
 (317) 266-6333