

**UNITED STATES DISTRICT COURT  
for the  
EASTERN DISTRICT OF WISCONSIN**

**SEALED PETITION FOR VICTIM NAME CHANGE**

This form is to be used by a victim or a victim's authorized representative to request a change of the name of a criminal restitution victim. For details on how to complete and submit this form, please see Instructions for Completing Petition for Victim Name Change (p 2). This form will be filed under seal to protect the privacy of the victim as required by statute. See 18 U.S.C. §§ 3509(d), 3612(b)(1)(G), 3771(a)(8).

**SECTION 1 - VICTIM INFORMATION**

<b>a.</b> Victim Name (as it appears in the judgment(s)):	<b>b.</b> Criminal Case Number(s):
<b>c.</b> Defendant(s) Name(s):	<b>d.</b> Victim No. Assigned by United States Attorney's Office (if known):

**Address on File**

<b>e.</b> Street		
<b>f.</b> City	<b>g.</b> State	<b>h.</b> Zip
<b>i.</b> Phone	<b>j.</b> Email	

**k.** ☐ Check if request is being made by an authorized representative of the victim.

Victim representative name: \_\_\_\_\_

Representative's relationship to victim: ☐ Parent ☐ Legal guardian ☐ Executor of victim's estate ☐ Legal counsel

☐ Other (please specify): \_\_\_\_\_

**SECTION 2 - NEW NAME**

**l.** New Victim Name: \_\_\_\_\_

**Reason for Name Change**

<b>m. <u>For Individual Victim</u></b> <input type="checkbox"/> Death of the victim <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court order <input type="checkbox"/> Assignment of victim's rights to restitution <input type="checkbox"/> Other: _____	<b>n. <u>For Organizational/Corporate Victim</u></b> <input type="checkbox"/> Merger, acquisition, consolidation, or similar transaction <input type="checkbox"/> Assignment of victim's rights to restitution <input type="checkbox"/> Other: _____
---	---

**Address Associated with New Name (if different from above)**

<b>o.</b> Street		
<b>p.</b> City	<b>q.</b> State	<b>r.</b> Zip
<b>s.</b> Phone	<b>t.</b> Email	

**SECTION 3 - SUPPORTING DOCUMENTATION**

**u.** ☐ Petitioner has read Instructions for Completing Petition for Victim Name Change and is providing the required supporting documentation with this petition.

**SECTION 4 - DECLARATION**

<b>v. <u>For Individual Victim:</u></b> 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>w. <u>For Representative of Victim:</u></b> 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

## THIS AREA FOR COURT USE ONLY

## ORDER

The Petition for Victim Name Change in case number(s) \_\_\_\_\_ is hereby

- ☐ GRANTED  
☐ DENIED

The Clerk is directed to change the victim's name accordingly.

- ☐ The Clerk is directed to file this Order under seal.

IT IS SO ORDERED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
United States District Judge

## Instructions for Completing Petition for Victim Name Change

This form is to be used by a victim or a victim's authorized representative to change the name of a criminal restitution victim. Please follow the instructions below for completing and submitting this form. An employee of the District Clerk's Office will contact you if the court requires additional information to support this petition.

## SECTION 1 - VICTIM INFORMATION

- Box a** Enter the victim's name as it appears on the criminal judgment or order of restitution.  
**Boxes b-d** Provide as much of the information about the criminal case(s) as you can:  
**Boxes e-j** Provide the address currently on file with the court and other contact information.  
**Box k** 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 "Check if request is being made by an authorized representative of the victim", enter your name, and check the appropriate box describing your relationship to the victim.

## SECTION 2 - NEW NAME

- Box l** Enter the new name to which restitution should be paid.  
**Box m** If you are an individual, check the appropriate box to indicate the reason for the name change.  
**Box n** If you are an organizational/corporate victim, such as a business or other type of organization, check the appropriate box to indicate the reason for the name change.  
**Boxes o-t** Complete this section if the name change requires a change of address and contact information.

## SECTION 3 - SUPPORTING DOCUMENTATION

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

Documentation Requirements for <b>Individual</b> Name Change	
Reason for Change	Required Documentation
Death of the victim	certificate of death and copy of the will showing that you are the beneficiary of these funds
Marriage	copy of the certificate of marriage showing the name change
Divorce	copy of the divorce decree and the order granting name change
Court order	copy of the order which grants a name change
Assignment of victim's rights to restitution	copy of the legal document specifically authorizing the assignment
Other	copy of the document(s) that demonstrates a legally authorized name change
Documentation Requirements for <b>Organizational</b> Name Change	
Reason for Change	Required Documentation
Merger, acquisition, consolidation, or similar transaction	copy of the document(s) which describes and authorizes this transaction
Assignment of victim's rights to restitution	copy of the legal document which specifically authorizes this assignment
Other	copy of the document that demonstrates a legally authorized name change

## SECTION 4-DECLARATION

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

## HOW TO SUBMIT

The fully executed form and any supporting documentation should be sent to the Clerk's Office by one of the following:

U.S. Mail:

517 E. Wisconsin Avenue

Milwaukee, WI 53202

Email:

financial@wied.uscourts.gov

Hand Delivery: