

PETITIONER OR ATTORNEY (Name, state bar number, and address): Kristina Wertz, SBN: 235441 Transgender Law Center 870 Market Street, Suite 400 San Francisco, CA 94102 TELEPHONE NO: 415-865-0176 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Chastity Sun Bono AKA Chaz Bono		FOR COURT USE ONLY <h1 style="text-align: center;">FILED</h1> <p style="text-align: center;">LOS ANGELES SUPERIOR COURT</p> <p style="text-align: center;">MAR 24 2010</p> <p style="text-align: center;">JOHN A. CLARKE, CLERK <i>Andre Williams</i> BY ANDRE WILLIAMS, DEPUTY</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 1725 Main Street MAILING ADDRESS: CITY AND ZIP CODE: Santa Monica, CA 90401 BRANCH NAME: Santa Monica Courthouse		
PETITION OF (Name of petitioner): Chastity Sun Bono AKA Chaz Bono <p style="text-align: right;">FOR CHANGE OF NAME AND GENDER</p>		
ORDER TO SHOW CAUSE FOR CHANGE OF NAME AND GENDER		CASE NUMBER: SS019277

TO ALL INTERESTED PERSONS:

- Petitioner (present name): **Chastity Sun Bono** has filed a petition with this court for a decree changing petitioner's name to (proposed name): **Chaz Salvatore Bono**
- Petitioner has also filed a petition for a decree changing petitioner's gender from female to male from male to female and for the issuance of a new birth certificate reflecting the gender and name changes.
- THE COURT ORDERS that all persons interested in this matter shall appear before this court at the hearing indicated below to show cause, if any, why the petition should not be granted.

NOTICE OF HEARING

a. Date: 5-6-10	Time: 8:30am	<input type="checkbox"/> Dept.:	A	<input type="checkbox"/> Room:	104
------------------------	---------------------	---------------------------------	----------	--------------------------------	------------

b. The address of the court is same as noted above other (specify):

4. a. A copy of this Order to Show Cause shall be published at least once each week for four successive weeks prior to the date set for hearing on the petition in the following newspaper of general circulation, printed in this county (specify newspaper):

b. Other (specify):

Azusa Herald

Gerald Rowley

Date: **MAR 24 2010**

JUDGE OF THE SUPERIOR COURT

\$27500

<p>PETITIONER OR ATTORNEY (Name, State Bar number, and address): Kristina Wertz, SBN: 235441 Transgender Law Center 870 Market Street, Suite 400 San Francisco, CA 94102 TELEPHONE NO: 415-865-0176 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Chastity Sun Bono AKA Chaz Bono</p>	<p>FOR COURT USE ONLY</p> <p>FILED LOS ANGELES SUPERIOR COURT</p> <p>MAR 24 2010</p> <p>JOHN A. CLARKE, CLERK <i>Andre Williams</i> BY ANDRE WILLIAMS, DEPUTY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 1725 Main Street MAILING ADDRESS: CITY AND ZIP CODE: Santa Monica, CA 90401 BRANCH NAME: Santa Monica Courthouse</p>	
<p>PETITION OF (Name): Chastity Sun Bono AKA Chaz Bono</p>	<p>CASE NUMBER: SS019277</p>
<p>PETITION FOR CHANGE OF NAME AND GENDER</p>	

Before you complete this petition, you should read the instructions for Filing a Petition on the next page. You must answer all questions and check all boxes on this petition that apply to you. You must file this petition in the superior court of the county where the person whose name is to be changed resides.

- Petitioner (present name): **Chastity Sun Bono** is a resident of this county.
 Petitioner requests that the court decree that petitioner's name is changed to (proposed name): **Chaz Salvatore Bono**
- Petitioner requests a decree that the petitioner's gender is changed:
 - from male to female.
 - from female to male.
- An affidavit or a declaration of a physician documenting the gender change through surgical treatment as provided under Health and Safety Code sections 103425 and 103430 is attached to this petition. (Declaration of Physician (form NC-210) may be used for this purpose.)
- Petitioner requests that the court order that a new birth certificate be issued reflecting the gender and name changes sought by this petition.
- Petitioner requests that the court issue an order directing all interested persons to appear and show cause why this petition should not be granted.
- Petitioner provides the following information in support of this petition:
 - The information contained in the physician's affidavit or declaration.
 - The information contained in the attachment (attach a copy of the attachment Name and Information About the Person Whose Name Is to Be Changed (Attachment to Petition) (form NC-110)).

Holl
 3500
 350

PETITION OF (Name of petitioner or petitioners): Chastity Sun Bono AKA Chaz Bono	CASE NUMBER:
---	--------------

FOR CHANGE OF NAME

**NAME AND INFORMATION ABOUT THE PERSON
WHOSE NAME IS TO BE CHANGED**

Attachment 1 of 1

Attachment to Petition (form NC-100 or form NC-200)

(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

6. (Continued) Petitioner applies for a decree to change the name of the following person:

b. Self Other

- (1) Present name (specify): Chastity Sun Bono
- (2) Proposed name (specify): Chaz Salvatore Bono
- (3) Born on (date of birth): 03/04/69
and presently under 18 years of age over 18 years of age
- (4) Born at (place of birth): Los Angeles, CA
- (5) Sex (as stated on original birth certificate): Male Female
- (6) Current residence address (street, city, county, and zip code):
[REDACTED]

c. Reason for name change (explain):
Better match for my identity

- d. Relationship of the petitioner to the person whose name will be changed:
 - (1) self
 - (2) parent
 - (3) guardian
 - (4) near relative (indicate relationship):
 - (5) other (specify):

- e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:
 - (1) Father (name): _____ (address): _____
 - (2) Mother (name): _____ (address): _____
 - (3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

DECLARATION	
I declare under penalty of perjury under the laws of the State of California that	<input checked="" type="checkbox"/> I am not <input type="checkbox"/> I am under the jurisdiction of the California Department of Corrections (in state prison or on parole) and <input checked="" type="checkbox"/> I am not <input type="checkbox"/> I am required to register as a sex offender under Penal Code section 290.
Date: 3/24/10	
Chastity Sun Bono <small>(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)</small>	 <small>(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)</small>

(If petitioner is represented by an attorney, the attorney's signature follows):

Date: 3/16/10

Kristina Wertz <small>(TYPE OR PRINT NAME)</small>	 <small>(SIGNATURE OF ATTORNEY)</small>
---	--

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date: 3/24/10

Chastity Sun Bono <small>(TYPE OR PRINT NAME)</small>	 <small>(SIGNATURE OF PETITIONER)</small>
Chastity Sun Bono <small>(TYPE OR PRINT NAME)</small>	 <small>(SIGNATURE OF PETITIONER)</small>

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

PETITION OF (Name): Chastity Sun Bono AKA Chaz Bono	CASE NUMBER:
--	--------------

**DECLARATION OF PHYSICIAN
 DOCUMENTING CHANGE OF GENDER THROUGH SURGICAL TREATMENT
 UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (Form NC-300)

Please see attached

TMZ

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date:

 (TYPE OR PRINT NAME OF PHYSICIAN)

 (SIGNATURE OF PHYSICIAN)



Michael L. Brownstein, M.D., FACS
Plastic & Reconstructive Surgery

1001 Mariposa Street
Suite 101
San Francisco, CA 94107-2519
Tel: (415) 625-3230
Toll Free: (877) 255-2081
Fax: (415) 625-3233

February 3, 2010

I, Michael L. Brownstein, M.D., FACS, declare:

1. I am a licensed physician in the state of California. I have personal and first hand knowledge of the matters set forth herein and could competently testify thereto under oath.
2. Chaz Bono whose medical records indicate date of birth March 4, 1969 was a patient of mine.
3. On September 23, 2009, I performed an irreversible surgical procedure for the purpose of altering Chaz Bono's sex characteristics from female to male.
4. Chaz Bono has completed his gender reassignment surgery.

I declare under penalty of perjury under the laws of the State of California that the foregoing declaration is true and correct. Sworn to this day of February 3, 2010 in San Francisco, California.

Michael, L. Brownstein, M.D., FACS

CA License #G14085

On February 3, 2010, before me, Denise Grant personally appeared Michael L. Brownstein, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Signature

(Seal)

