



Office of the Clerk
 Supreme Court of Arkansas
 Arkansas Court of Appeals

ATTORNEY NAME CHANGE FORM

Complete this form and submit supporting documentation to update your name as it appears on the official rolls of the Bar of Arkansas for licensing purposes. The Clerk’s office requires a copy of the legal document showing your name change. The copy does not have to be certified and can only consist of the pages relating to your name change (copy of marriage license, copy of divorce decree showing name change and judge’s signature only, etc).

Submit this completed form and supporting documentation to the Clerk’s Office via email to: attylicenseinfo@arcourts.gov or mail to: Clerk’s Office 625 Marshall St., Ste. 130 Little Rock, AR 72201.

The ordering of a new printed attorney’s license with your updated name is completely optional. If you choose to do so, please complete the “Request for Attorney Printed License Reprint” form that can be found at: <https://arcourts.gov/attorneys>.

Attorney Information

Date of Request _____

Attorney’s Name _____
(currently on record)

AR Bar Number _____ Email Address _____

Reason for Name Change	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Court Order
Change To	_____ First Name Middle Name Last Name

Please update my name in the eFlex eFiling system.

Office Use Only

ID _____ Received _____ Completed Date _____ Staff _____