

NOTICE OF COURT DATE FOR REQUEST FOR NAME CHANGE

(Minor Name Change)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

	THE OTHER OF TEEN OLO ON CONT.		
COUNTY			
	County Where You Are Filing the Case		
REQUEST OF			
-	Parent or Guardian First, Middle, and Last Name		
TOCHANG	TO CHANGE NAMES OF MINOR CHILDREN		

Case Number (Clerk fills in)



You have the right to come to the court date and object to your child's name change.

1. COURT DATE INFORMATION

Information about getting a court date and how to attend is available from the Circuit Clerk. You can find their contact information at <u>ilcourts.info/CircuitClerks</u>. If you are e-filing in Cook County, you may get the court date when you e-file.

da	te when you e-file.						
A.	The court date for the Request I	filed is scheduled	on:				
	Month, Day, Year	at Time	a.m. p.m. in	ourtroom Number			
ho	urt dates may be scheduled in-per w your court date will be scheduled d website.	•	•	•			
B. Attend court any of the ways checked:							
	☐ In person at:		Со	urtroom Number			
	Remote (video or telephone option)						
	By video conference at:						
	Log-in information:						
	By telephone at:	in Number for Telepho	one Remote Appearance				
	To find out more about remote c						
	Phone:	no Number	or Website:				

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2. SENT NOTICE TO

I sent this Notice, Request for Name Change (Minor Children), and Request for Name Change-Child Information to the following people:

Enter the date you sent your forms to the other parent or legal guardian. It must be at least 10 days before your court date. Check if you will send copies of this form by certified mail or by sheriff.

A.	Name:	M* L II						
	First	Middle		Last				
	Address:Street, Apt #	City	State/Province	Zip				
	By: ☐ Certified Mail with Return Receipt (PS Form 3811, usually green paper)							
	☐ Service of process by she							
	Date sent notice:							
B.	Name:							
	First	Middle		Last				
	Address:Street, Apt #	City	State/Province	Zip				
	By: ☐ Certified Mail with Return		ually green paper)	,				
	☐ Service of process by sho							
	Date sent notice:							
	Day, Month, Y							
	Name:							
0.	First	Middle		Last				
	Address:Street, Apt #	City	State/Province	Zip				
	,	•		Ζίμ				
	By: ☐ Certified Mail with Return Receipt (PS Form 3811, usually green paper) ☐ Service of process by sheriff							
	Date sent notice:							
SIGN:								
	735 ILCS 5/1-109, your signature	means that you:						
1) certif	y that everything in this docume	ent is true and correct, and	2) understand that mak	ing a false statement				
on this	form is perjury and has penaltie	s provided by law.						
•	re filling out this form online, si	gn your name by typing it.	If you are filling out this	form by hand, sign and				
Your Sid	gnature <u>/s/</u>	Print Yo	ur Name					
Your Ad	ldress							
	ddress Street, Apt. #	City	Sto	ate Zip Code				
□lam	n using an alternative address be	ecause disclosing my addr	ess would put me or my	household at risk.				
Your Ph	none Number	Attorney N	umber (if any)					
Your En	nail							
	e to check your email every day			dates, or documents				
	ther parties.							