

MOTION TO WAIVE NOTICE AND PUBLICATION

(Request for Name Change)

IN THE STATE	OF ILL INOIS.	. CIRCUIT	COURT

COUNTY	County Where You Are Filing the Case
YOUR CURRENT Legal Name _	First, Middle, and Last Name

Case	Num	ıber
(Clerk	fills	in)



You can only use this form if you:

- believe that notice or publication would be a hardship for the person whose name would be changed such as a risk of physical harm or discrimination; OR
- have or have previously been granted a protective order.



A. REQUEST TO WAIVE THE NOTICE AND PUBLICATION REQUIREMENT

- 1. I am filing a Request for Name Change for myself, my spouse, or my children.
- 2. I am seeking a waiver of the notice and publication requirement.
- 3. I need this waiver because:

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teck ou of ob and an other boxes that apply. If hone apply to you, you cannot use this form.
a. 🔲 I have or did have protection granted by:
☐ Order of Protection;
☐ Stalking No Contact Order;
☐ Civil No Contact Order;
☐ Protective Order in someone else's criminal case;
☐ Been a protected person under someone else's bail conditions; OR
Similar protective order in another state:
Attach copies of the orders and any other documents that support your claim to this M

lotion.

For minor child name change only:

☐ Check this box if you checked 3(a) **AND** the abuser in that protective order is one (or more) of the minor's parent.

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	b. Notice and publicat would be changed i		-	ardship for the perso e impact on their hea										
	Examples of hardship may include, but are not limited to: physical harm, discrimination, harassment, bullying or threats of violence. The law does not require the Petitioner to provide evidence of hardship.													
4.	Optional: Marking above that publication would be a hardship is all that is needed for a judge to grant a waiver (735 ILCS 5/21-103), but sometimes it's helpful to explain why publication would be a hardship. For example, paying publication fees would be a hardship.													
	Notice and publication would be a hardship because:													
5.	If you checked any boxes in 3(a), complete the follo State	owing about the p	protective orders: Case Number										
CION														
1) certi	; <u>735 ILCS 5/1-109</u> , your signatur fy that everything in this docur form is perjury and has penalt	nent is true and corre	ect, and 2) unders	stand that making a fa	alse statement									
-	are filling out this form online, our name.	sign your name by typ	oing it. If you are	filling out this form b	y hand, sign and									
Your Si	gnature <u>/s/</u>	F	Print Your Name											
Your A	ddress Street, Apt. #		City	State	Zip Code									
	n using an alternative address				hold at risk.									
Your P	none Number	Atto	orney Number (if	any)										
Your E	mail													
	e to check your email every d ther parties.	ay so you do not miss	s important infor	mation, court dates, (or documents									