



MOTION TO WAIVE NOTICE AND PUBLICATION

(Request for Name Change)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY _____
County Where You Are Filing the Case

YOUR CURRENT
LEGAL NAME _____
First, Middle, and Last Name

Case Number _____



If requesting to waive notice for more than 1 person, a *Motion* must be filled out for each person.

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 seeking a waiver of the notice and publication requirement.

2. I need this waiver because:

Check 2a or 2b and all other boxes that apply. If none 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
- ☐ Similar protective order in another state: _____
State

Attach copies of the orders and any other documents that support your claim for this *Motion*.

For minor child name change only:

- ☐ Check this box if you checked 2(a) **AND** the abuser in that protective order is one (or more) of the minor's parent.

- b. ☐ Notice and publication of the name change **would be a hardship** for the person whose name would be changed including, but not limited to, a negative impact on their health or safety.

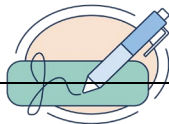
*Examples of hardship may include, but are not limited to: physical harm, discrimination, harassment, bullying, or threats of violence. **The law does not require the Petitioner to provide evidence of hardship.***

3. **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:

4. If you checked any boxes in 2(a), complete the following about the protective orders:

County	State	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



SIGN:

Under [735 ILCS 5/1-109](#), your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ _____ Print Your Name _____

Your Address _____
Street, Apt. # City State Zip Code

☐ I am using an alternative address because disclosing my address would put me or my household at risk.

Your Phone Number _____ Attorney Number (if any) _____

Your Email _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.