

## MOTION TO WAIVE NOTICE AND PUBLICATION

	(Request for Name Change) IN THE STATE OF ILLINOIS, CIRCUIT COURT	
	COUNTYCounty Where You Are Filing the Case	
	YOUR CURRENT LEGAL NAME First, Middle, and Last Name	Case Number
req	uesting to waive notice for more than 1 person, a <i>Motion</i> must be filled ou	t for each person.
ou c	can only use this form if you:	
•	believe that notice or publication would be a hardship for the person wl	nose name would be changed,
	such as a risk of physical harm or discrimination; OR	
•	have or have previously been granted a protective order.	
RE	QUEST TO WAIVE THE NOTICE AND PUBLICATION REQUIR	EMENT
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 ca	nnot 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 condi	tions
	Similar protective order in another state:	
	State	
	Attach copies of the orders and any other documents that support	
	Check this box if you checked 2(a) AND the abuser in that more) of the minor's parent.	protective order is one (or

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  County  State  Case Number  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 1/5/  Your Address  Street, Apt. If  City  State  Zip Code  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.		b. Notice and publication of the name change <b>would be a hardship</b> for the person whose na would be changed including, but not limited to, a negative impact on their health or safety.					
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  Cunty  State  Case Number  Under 735 ILC 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 \( \frac{\sigma}{s} \) Print Your Name  Your Address  Street, \( Apt. \# \) \( \frac{\sigma}{s} \) \( \frac		harassment, bullyi	ng, or threats of violence. <b>The law</b>				
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