



NOTICE OF COURT DATE FOR REQUEST FOR NAME CHANGE

(Minor Name Change)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY _____
County Where You Are Filing the Case

REQUEST OF _____
Parent or Guardian First, Middle, and Last Name
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 ilcourts.info/CircuitClerks. If you are e-filing in Cook County, you may get the court date when you e-file.

A. The court date for the Request I filed is scheduled on:

_____ at _____ ☐ a.m. ☐ p.m. in _____.
Month, Day, Year Time Courtroom Number

Court dates may be scheduled in-person, remotely or a combination of in-person and remotely. Find out how your court date will be scheduled and provide that information here. Add the Clerk's phone number and website.

B. Attend court any of the ways checked:

☐ In person at: _____
Courtroom Address Courtroom Number

☐ Remote (video or telephone option)

By video conference at: _____
Video Conference Website

Log-in information: _____
Video Conference Log-in Information, Meeting ID, Password, etc.

By telephone at: _____
Call-in Number for Telephone Remote Appearance

To find out more about remote court options:

Phone: _____ or Website: _____
Circuit Clerk's Phone Number Website URL

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: _____
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 sheriff
Date sent notice: _____
Day, Month, Year

B. Name: _____
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 sheriff
Date sent notice: _____
Day, Month, Year

C. Name: _____
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 sheriff
Date sent notice: _____
Day, Month, Year

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.

