

MOTION TO WAIVE NOTICE AND PUBLICATION

(Request for Name Change)

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

Case Number (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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ieck 5a or 5b and all other boxes that apply. If hone apply to you, you cannot use this form.
a. \square 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 Moti
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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	Examples of hardship	o may include, but are not limited or threats of violence. The law d	I to: physical harm, discriminatio	ın,
4.		oublication would be a hardship is sometimes it's helpful to explain es would be a hardship.		-
	Notice and publication would	oe a hardship because:		
5.		a), complete the following about	•	
	County	State	Case Number	
SIGN	:			
	735 ILCS 5/1-109, your signature	•		
	ry that everything in this docum form is perjury and has penalti	nent is true and correct, and 2) un es provided by law.	nderstand that making a faise si	atement
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	e to check your email every da ther parties.	ay so you do not miss important	information, court dates, or doo	cuments