

## NOTICE OF COURT DATE FOR REQUEST FOR NAME CHANGE

•	R NAME CHANGE	
(Minor Name Change)	NC CIDCUIT COURT	
IN THE STATE OF ILLINO	is, circuit court	
COUNTY	Ave Filler the Con-	
The County Where You A	Are Filing the Case	
		Coso Number
REQUEST OF	ian First, Middle, and Last Name	Case Number
TO CHANGE NAMES OF MINOR O		
You have the right to come to t	he court date and object to your child's name	e change.
<b>COURT DATE INFORMATI</b>	ON	
	t date and how to attend is available from th	•
	<u>irts.info/CircuitClerks</u> . If you are e-filing in Cod	ok County, you may get the
court date when you e-file.		
A. The court date for the <i>Reque</i>	st I filed is scheduled on:	
	at a.m p.m. ii	n
Month, Day, Year	Time	Courtroom Number
Court dates may be scheduled in	person, remotely, or a combination of in-pers	son and remotely. Find out ha
•	and provide that information here. Add the C	
website.	, , ,	
B. Attend court any of the ways	s checked:	
In person at:	oom Address	Country on New London
Courtre	oom Adaress	Courtroom Number
Remotely (video or t	elephone option)	
By video conferer	nce at:	
by video comerci	Video Conference Website	
Log-in informa	tion:	
	Video Conference Log-in Information, Meeting	ID, Password, etc.
<b>By telephone</b> at:		
, <sub> </sub>	Call-in Number for Telephone Remote Appearance	<del></del>
To find out more about	t remote court options:	
Phone:	or Website:	

Website URL

Circuit Clerk's Phone Number

Case Number	
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## 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 I Service of process b	Return Receipt (PS Form 3811, usu y sheriff	ually green paper)	
Date sent notice:			
	Day, Month, Year 		
B. Name:			
First	Middle		Last
Address:			
Street, Apt #	City	State/Province	Zip
By: Certified Mail with I Service of process b	Return Receipt (PS Form 3811, usu y sheriff	ually green paper)	
Date sent notice:			
	Day, Month, Year		
C. Name:			
First	Middle		 Last
Address:			
Street, Apt #	City	State/Province	Zip
By: Certified Mail with I Service of process b	Return Receipt (PS Form 3811, usu y sheriff	ually green paper)	
Date sent notice:			
	Day, Month, Year		
SIGN:			
Under <u>735 ILC 5/1-109</u> , your sig			
1) certify that everything in this on this form is perjury and has	s document is true and correct, an penalties provided by law.	nd 2) understand that making	रु a false statement
If you are filling out this form o print your name.	nline, sign your name by typing it.	. If you are filling out this for	m by hand, sign and
Your Signature /s/	Print Your	r Name	
Your Address			
Street, Apt. #	City	Stat	e Zip Code
I am using an alternative add	dress because disclosing my addre	ess would put me or my hou	sehold at risk.
Your Phone Number	Attorne	y Number (if any)	
	rery day so you do not miss impor		s, or documents