

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	MOTION TO WAIVE NOTICE & PUBLICATION (REQUEST FOR NAME CHANGE)	<i>For Court Use Only</i> <hr style="width:80%; margin: auto;"/> Case Number
Instructions ▼ Directly above, enter the county name where you will file this case. Enter the name of the person requesting the name change. DO NOT enter a Case Number, the Circuit Clerk will add it.	REQUEST OF: <hr style="width:80%; margin: auto;"/> <i>(First, middle, last name)</i>	

You can only use this form if:

- you believe that notice or publication will put the person whose name would be changed at risk of physical harm or discrimination; OR
- you have or have previously been granted a protective order.

In **3**, check all boxes that apply. If none apply to you, you cannot use this form.

If you check **3a**, describe how notice or publication would put you at risk.

1. I am filing a *Request for Name Change* for myself or my children.
2. I am seeking a waiver of the notice and publication requirement.
3. I need this waiver because (*check 3a or 3b and all other boxes that apply*):
 - a. notice and publication of the name change would put the person whose name would be changed at risk of physical harm and/or discrimination because:

 - b. 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: _____

If you check **3b**, also check which type of orders you have or had to protect you.

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

In **4**, enter the information about the protective orders.

4. If you checked any boxes in 3(b), complete the following about the protective orders:

County	State	Case No.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

I certify that everything in the *Motion* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

 /s/
Your Signature

_____ *Street Address*

_____ *Print Your Name*

_____ *City, State, Zip*

_____ *Telephone*

Enter your complete current address and telephone number. If disclosing your address would put you or your household at risk, you may use another address. That address must be one at which you can receive mail about the case.

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