This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	NOTICE OF COURT DATE REQUEST FOR NAME CHANGE (MINOR CHILDREN)	For Court Use Only

Instructions

Directly above, enter the county name where you will file this case.

Enter the name of the person asking the court to change the names of minor children.

Enter the Case Number given by the Circuit Clerk.

REQUEST OF:

_____
First, Middle, Last Name

TO CHANGE NAMES OF MINOR CHILDREN

_____
Case Number

You can only use this form if you know the location of the person to whom you will be giving notice.

YOU HAVE THE RIGHT TO COME TO THE COURT DATE AND OBJECT TO YOUR NAME CHANGE.

In **1a**, enter the date and time of your court date.

The Circuit Clerk will give you the date and time when you file your *Request.*

In **1b**, enter the address of the court and courtroom number.

1. Court Date Information

a. Date _____ , 20 _____ Time _____ ☐ a.m. ☐ p.m.,

b. Address: _____ ,
Street Address *City* *County*

Courtroom : _____

In **2**, enter the date you sent this form to the other parent or legal guardian. It must be at least 10 days before your court date.

2. I sent this *Notice, Request for Name Change (Minor Children),* and *Request for Name Change-Child Information* on: _____ , 20 _____
Date

Enter the full name and address of the person to whom you are sending a copy of this *Notice* and *Request for Name Change (Minor Children)* and check if you will send copies of this form by certified mail or by sheriff.

If the person has a lawyer, you must send a copy to the lawyer.

To:

Name: _____
First *Middle* *Last*

Address: _____
Street, Apt # *City* *State* *ZIP*

By: ☐ Certified Mail with return receipt (green card)
☐ Service of process by sheriff

Name: _____
First *Middle* *Last*

Address: _____
Street, Apt # *City* *State* *ZIP*

Enter the Case Number given by the Circuit Clerk:_____

By: ☐ Certified Mail with return receipt (green card)
☐ Service of process by sheriff

Name: _____
First *Middle* *Last*

Address: _____
Street, Apt # *City* *State* *Zip*

By: ☐ Certified Mail with return receipt (green card)
☐ Service of process by sheriff

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

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.

I certify that everything in the *Notice Of Court Date Request For Name Change (Minor Children)* 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.

/s/
Your Signature

Print or Type Name

Street, Apt #

City, State, Zip

Telephone

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