

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	MOTION TO WAIVE NOTICE & PUBLICATION (REQUEST FOR NAME CHANGE)	<i>For Court Use Only</i>
Instructions ▼	REQUEST OF: _____ <i>(First, middle, last name)</i>	_____ Case Number
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.		

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:

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*.

- 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: _____

