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| <b>STATE OF ILLINOIS,<br/>CIRCUIT COURT</b><br><br>_____ COUNTY  | <b>NOTICE OF COURT DATE<br/>REQUEST FOR NAME CHANGE<br/>(MINOR CHILDREN)</b>                                       | <i>For Court Use Only</i>       |
| <b>Instructions ▼</b><br>Directly above, enter the county name where you will file this case.<br><br>Enter the name of the person asking the court to change the names of minor children.<br><br><b>DO NOT</b> enter a Case Number, the Circuit Clerk will add it. | <b>REQUEST OF:</b><br><br>_____<br><i>First, Middle, Last Name</i><br><br><b>TO CHANGE NAMES OF MINOR CHILDREN</b> | _____<br><br><b>Case Number</b> |

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

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.

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.

**YOU HAVE THE RIGHT TO COME TO THE COURT DATE AND OBJECT TO YOUR CHILD'S NAME CHANGE.**

**1. Court Date Information**

a. Date: \_\_\_\_\_, 20\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.,

b. Address: \_\_\_\_\_ ,  
*Street Address City County*

Courtroom : \_\_\_\_\_ .

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

**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*

