How to change the name of a minor in Illinois- Supplement	
This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are	

used for, consult the appropriate Self Help packet.

Documents that are included in this supplement:

Forms Guide

Application To Sue As A Poor Person

Motion to Waive Publication Costs

Order Waiving Publication Costs

Notice of Filing Of Petition For Change of Name

Petition For Change of Name

Order For Change of Name

Letter to Newspaper

FORMS GUIDE

At the top of each form is the caption. It is completed as follows:

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE (number of circuit) JUDICIAL CIRCUIT

(name of county) COUNTY

IN RE THE MATTER OF:)	
)	
(your name))	no. (year) –D- (get from the
)	clerk when you file
)	

Determine the number of the "Circuit" according to the chart on the next page. If your county does not appear on the chart, call the Circuit Clerk in the County in which you will be filing your case and ask for the number of the Circuit.

Circuit Courts in Illinois

Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

First Circuit- The counties of Alexander, Pulaski, Massac, Pope, Johnson, Union,

Jackson, Williamson and Saline.

Second Circuit- The counties of Hardin, Gallatin, White, Hamilton, Franklin, Wabash,

Edwards, Wayne, Jefferson, Richland, Lawrence and Crawford.

Third Circuit- The counties of Madison and Bond.

Fourth Circuit- The counties of Clinton, Marion, Clay, Fayette, Effingham, Jasper,

Montgomery, Shelby and Christian.

Fifth Circuit- The counties of Vermillion, Edgar, Clark, Cumberland and Coles.

Sixth Circuit- The counties of Champaign, Douglas, Moultrie, Macon, Dewitt and

Piatt.

Seventh Circuit- The counties of Sangamon, Macouin, Morgan, Scott, Greene and

Jersey.

Eighth Circuit- The counties of Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun

and Menard.

Ninth Circuit- The counties of Knox, Warren, Henderson, Hancock, McDonough and

Fulton.

Tenth Circuit- The counties of Peoria, Marshall, Putnam, Stark and Tazewell.

Eleventh Circuit-` The counties of McLean, Livingston, Logan, Ford and Woodford.

Twelfth Circuit- The county of Will.

Thirteenth Circuit- The counties of Bureau, LaSalle and Grundy.

Fourteenth Circuit- The counties of Rock Island, Mercer, Whiteside and Henry.

Fifteenth Circuit- The counties of JoDaviess, Stephenson, Carroll, Ogle and Lee.

Sixteenth Circuit- The counties of Kane, DeKalb and Kendall.

Seventeenth Circuit- The counties of Winnebago and Boone.

Eighteenth Circuit- The county of DuPage.

Nineteenth Circuit- The counties of Lake and McHenry.

Twentieth Circuit- The counties of Randolph, Monroe, St. Clair, Washington and Perry.

Twenty-first Circuit- The counties of Iroquois and Kankakee.

FORM: Application to Sue as a Poor Person

Introduction: Your name

Paragraph 1: Your address, include street and city.

Paragraph 2: The amount and source of your income, for example,

\$339.00 per month in AFDC, supplemented by Food Stamps.

Paragraph 3:. List other sources of income not listed in 2.

Paragraph 4: The amount of income you had in the last year.

Paragraph 5: Should be the same as 2, unless you expect your income

to go up or down, in which case you should list what you

expect your income to be.

Paragraph 6: List the names and birthdates of your children and/or others you

support financially.

Paragraph 7: First blank: total value of your possessions;

Second blank: year and make of your car; if you do not

have a car, simply put "none";

Third blank: value of your car;

FORM: Motion to Waive Publication Costs (use only if you want to apply for a waiver of the costs of publication)

First blank: Your name.

Second blank: Name of county in which you filed your case.

Sign your name on both blank lines next to where it says

"Plaintiff" and print your name

below each signature.

FORM: Order Waiving Publication Costs (use only if you are submitting the

Motion To Waive Publication Costs)

First blank: Name of county in which your case is filed.

DO NOT FILL IN THE DATE OR THE SIGNATURE LINE FOR THE JUDGE.

FORM: Notice of Filing of Petition For Name Change

First blank: Put the date on which you will be filing your Petition For Change

of Name. Remember that this date must be at least 6 weeks after

the date the Notice appears in the newspaper. Put the day, month,

and year.

Second blank: The present full name (first, middle, last) of the child.

Third blank: Your full name.

Fourth blank: Your relationship to the child (father, mother, custodial guardian).

Fifth blank: The present full name (first, middle, last) of the child.

Sixth blank: The new name you want the court to give the child. (first, middle,

last)

Seventh blank: The present full name of the child.

Eighth blank: Your signature.

Ninth blank: Your relationship to the child.

Tenth blank: the date on which you signed the form.

FORM: Petition For Change of Name

First blank: The name of the child.

Second blank: Your name.

Third blank: Your relationship to the child.

Fourth blank: The age of the child in years.

Fifth blank: Your present full name (first, middle, last)

Sixth blank: Your relationship to the child.

Seventh blank: The child's current address.

Eighth blank: The state of the child's birth. If the child was born in another

country, then that should be listed.

Ninth blank: The child's present full name.

Tenth blank: The child's desired new name.

Eleventh blank: The child's present full name.

Twelfth blank: Your present full name.

Thirteenth blank: Your relationship to the child.

FORM: Order For Change of Name

First blank: The child's present full name (first, middle, last)

Second blank: The new name you want the court to give the child. (first, middle,

last)

DO NOT FILL IN THE DATE OR THE SIGNATURE LINE FOR THE JUDGE.

FORM: Letter to Newspaper

First blank: Name and address of newspaper in your town or county.

Second blank: Your case name. (for example, In Re The Marriage Of Jones)

Third blank: Your case number (for example 96-D-67)

If your Motion To Waive Publication Costs was denied or you did not ask for a waiver then check box 1. If your Motion To Waive Publication Costs was approved, check box 2 and list the name of the county in which your case was filed in the first two blanks and the name of the city in which the courthouse is located in the third blank.

Sign your name and print your name, address, and telephone number where you can be reached. Don't forget to include a self-addressed, stamped envelope.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THI	E JUDICIAL CIRCUIT
	COUNTY
IN RE THE MATTER OF:)Application granted)Application denied
))) NI-
) No)
), 20
)
	JUDGE
APPLICATION TO SUE AS A POOR PE	ERSON
I,	, on my own behalf, on oath state:
1. My current address is	·
2. My occupation, source of income, amount	_
3. My other sources of income or support are	
4. My income for the preceding year was app	• •
5. The sources and amounts of income I expe	ect to receive in the future are:
6. Person(s) who are dependent on me for su	pport are:
·	
${\bf 7.}~{\rm I}~{\rm own}$ no real estate. The total value of all	my personal property does not exceed
\$ in value and consists of cloth	ing and furniture, and other household items,
including a, motor	vehicle, valued at \$
8. I filed no applications for leave to sue or d	lefend as a poor person during the
preceding year, and none were filed on my be	ehalf.

9. I am unable to pay the costs of commencing and prosecuting this action.
10. I have a meritorious claim.
WHEREFORE, Applicant prays the Court to permit her/him to commence and
prosecute this action as a poor person under 735 ILCS 5/5-105 of the Code of Civil
Procedure.
Plaintiff
Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil
Procedure, the undersigned certifies that the statements set forth in this instrument are
true and correct, except as to matters therein stated to be on information and belief and as
to such matters the undersigned certifies as aforesaid that he/she verily believes the same
to be true.
Plaintiff

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE _____ ___ JUDICIAL CIRCUIT _____COUNTY IN RE THE MATTER OF:)) NO. _____ MOTION TO WAIVE PUBLICATION COSTS I, _____, state the following facts are true: 1. I have filed an Application to Sue as a Poor Person, which lists my income, resources and assets. 2. An order was entered by this Court which allowed me to pursue this action without payment of costs. 3. Illinois case law recognizes that publication costs of persons like myself are a local obligation and that service by publication is a constitutional right under due process of law. King v. King, 21 Ill. App.3d 1062, 316 N.E.2d 555 (4th Dist. 1974). WHEREFORE, I ask that the Court waive publication costs and order the County Treasurer to pay the costs of publication to the newspaper which publishes the required Notice of Filing of Petition For Change of Name. _____, Petitioner

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of

Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

_____, Petitioner

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _	Л	JDICIAL CIRCUIT
	COUNTY	
IN RE THE MATTER OF:	ı	
) •	
	NO	
	1	
	1 .	
ORDER WAIVING PU	BLICATION CO	STS
The Court, having considered the Motion to W	vaive Publication C	osts filed herein by
Plaintiff and having previously allowed Plaint	iff to pursue this ac	etion as a poor person,
finds that Plaintiff is indigent.		
IT IS HEREBY ORDERED that the Clerk of t	he Circuit Court sh	all cause publication to
be made on behalf of Plaintiff and the Treasure	er of	County pay
costs of publication upon presentation of a stat	ement by the news	paper wherein such
notice was published and upon filing and allow	vance of claim. The	e County Treasurer shall
pay for such necessary and proper expenses pu	irsuant to 55 ILCS	5/ 5-1106.
DATE: ENTER	:	
·		IUDGE

IN THE CIRCUIT COUR	T OF THE		JUDICIAL CIRCUIT
			COUNTY
IN RE THE MATTER OF:))))	NO
NOTICE OF FILE	ING OF PETITIO	ON FOR C	CHANGE OF NAME:
Notice is given you, the p	ublic, that on		
	, a minor, b	у	
his/her	and next frie	nd, will re	quest that this Court change
his/her present name of			to the name of
	·		
		,	a minor, by,
			,
	his/her		·
		Date	

IN	N THE CIRCUIT COURT OF THE		JUDICIAL CIRCUIT
			COUNTY
	E THE MATTER OF:))))	NO
	PETITION FOR CE	IANGE OI	F NAME:
	, by		,
his/he	rand next fr	riend, witho	ut the assistance of an attorney,
respec	etfully requests that this Court change his	s/her name.	In support of my petition, it is
stated	that the following items are true:		
1.	This Court has jurisdiction over the su	bject matte	r and the petitioner.
2.	Petitioner is a minor of the age of	years,	, and,
	by whom this petition is signed, is the	petitioner's	s,
	having the legal custody of his/her per	son.	
3.	Petitioner's current address is		
4.	Petitioner has lived in Illinois for at lea	ast 6 consec	cutive months before this
	petition was filed.		
5.	The state/country of Petitioner's birth		
	is:		

6.	Petitioner's current full name
	is:
7.	The new name petitioner would like the Court to recognize
	is:
Wl	herefore, it is requested that the Court grant this petition for a Name Change.
	, a minor, by
	his/her
	date

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _	JUDICIAL CIRCUIT	
	COUNTY	
IN RE THE MATTER OF:)) NO))	
ORDER FOR CH	HANGE OF NAME	
The Court, having considered the Petition for	r Change of Name filed herein by Plaintiff,	
heard the evidence, and being otherwise fully	y advised in the premises, finds that it should	d
be granted.		
IT IS HEREBY ORDERED that the Plaintiff		
he/she shall be hereafter known and called.	, oy which	
no, one on nereurer known and cured.	DATE:	

JUDGE

LETTER TO NEWSPAPER

DATE:	- -	
Newspaper	_	
Dear Sir or Madam:		
Re:,Case	number:	
Enclosed you will find a Notice treferenced case. Please run this Notice the completed, please send the addressed stamped envelope.	Notice once a week for 3 w	eeks. After publication has
() Please bill me for the cost of p to contact me.	publication. If you have any	y questions, please feel free
() Please bill the office of the Tr County	Courthouse,e enclosed a court order req	, Illinois juiring the Treasurer to pay
I thank you for your cooperation Sincerely,		