

Transformative Justice Law Project of Illinois



SAMPLE

Name Change and Gender
Marker Change Forms

July 2020

This first section includes SAMPLE paperwork for filing a NAME CHANGE in Illinois.

Adult Name Change Paperwork

Minor Name Change Paperwork

The basics you need to know:

- * File in the county where you reside
- * You must live in Illinois for at least 6 months before your court hearing
- * If you have a felony, there is currently a 10 year waiting period to file
- * Everything gets filed through an electronic system called Odyssey E-file:

<https://illinois.tylerhost.net/ofswb>

*Judges in Illinois don't have jurisdiction over gender change so you just use the court system to file for a name change. How to update a gender marker on various identity documents is explained later in this document

We encourage you to email us at namechange@tjlp.org if you have any questions about filing! There are 102 counties in Illinois and each do name change filings slightly differently!

WHERE TO FIND BLANK FORMS:

Cover Sheet for filing in Cook County Division 1 ONLY (cases heard at the Daley Center) *no cover sheet needed in most other counties*

http://www.cookcountyclerkofcourt.org/Forms/pdf_files/CCCO0520.pdf

Name Change Paperwork for Illinois:

http://www.illinoiscourts.gov/forms/approved/name_change/name_change.asp

Fee Waiver Paperwork:

http://www.illinoiscourts.gov/Forms/approved/procedures/fee_waiver.asp

DMV Gender Designation Form:

https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a329.pdf

Illinois Birth Certificate Correction Forms:

1) Affidavit of Correction Form: http://dph.illinois.gov/sites/default/files/forms/affidavitcertcorrection_1.pdf

2) Gender Reassignment Form: <https://dph.illinois.gov/sites/default/files/forms/gender-reassignment-2017.pdf>

National Center for Trans Equality ID Document Center (great resource for up-to-date social security, passport and other state guidance):

<https://transequality.org/documents>

SAMPLE

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

Full old name

Plaintiff/Petitioner

Full new name

v.

Defendant/Respondent

Case No. _____

COOK CO ONLY
(other counties don't use this)

COUNTY DIVISION ACTION COVER SHEET

A County Division Action Cover Sheet shall be filed with the complaint in all civil actions. The information contained herein is for administrative purposes only and cannot be introduced into evidence. Please select the appropriate general category and then check the subcategory thereunder, if applicable, that best characterizes your action.

MENTAL HEALTH PROCEEDINGS:

- 0003 Petition for Involuntary Commitment/ Treatment under Mental Health & Developmental Disabilities Code (Mental Health 405 ILCS 5/1-100 et seq.)
Jury Demand Yes No
- 0011 Petition for Writ of Habeas Corpus
- 0010 Petition to review records of treatment under the Mental Health & Developmental Disabilities Code (Mental Health 405 ILCS 5/1-100 et seq.)

ADOPTION PROCEEDINGS:

- Petition for Adoption (750 ILCS 50/1 et seq.)
- 0001 Petitioner(s) related to adoptee
 - 0006 Petitioner not related to adoptee
 - 0007 Adult adoption
 - 0029 Petition to Establish Putative Father Identification (750 ILCS 50/12a)
 - 0002 Petition for Appointment of a Confidential Intermediary (750 ILCS 50/18.3a)
 - 0034 Action brought under the Abandoned New Born Infant Act (325 ILCS 2/1 et seq.)
 - Other: _____

REAL ESTATE TAX MATTERS:

- 0031 Actions to Collect Unpaid Tax/Tax Sale Bid
- 0041 Administrative Review of Decision of the Property Tax Appeal Board (35 ILCS 200/16-195)
- Tax Objection Complaints (35 ILCS 200/23-15)
 - 0024 Valuation Complaint
 - 0025 Tax Rate Complaint
- 0033 Action Seeking Payment from the Indemnity Fund (35 ILCS 200/21-305)
- 0026 Petition for Tax Deed and Related Proceedings (including petitions brought under 735 ILCS 5/2-1401)
- 0027 Petition to Expunge Redemption
- 0028 Petition for Relief Prior to Filing of Petition for Tax Deed

Hearing Date on Take Notice

Calendar 8, 9:30 am

Actions relating to Collectors Application for Judgment and Order of Sale (35 ILCS 200/21-175)

- 0012 Annual Tax Sale
- 0013 Scavenger Tax Sale

- 0045 Certificates of Error
- 0042 Petition to Vacate Tax Sale
- 0051 Real Estate Tax Refund
- 0040 Special Assessment

ELECTION MATTERS:

- 0021 Review of Actions of an Electoral Board (10 ILCS 5/10-10.1)
- 0022 Election Contest as authorized under Article 23 of the Election Code (10 ILCS 5/23-1 et seq.)
- 0023 Petition seeking the appointment of a public member to an electoral board
- Other: _____

OTHER ACTIONS:

- 0014 Action brought under the Emancipation of Minors Act (750 ILCS 30/1 et seq.)
- 0015 Petition seeking judicial approval of an underage marriage (750 ILCS 5/208 et seq.)
- 0037 Action brought under the Estray and Lost Property Act (765 ILCS 1020/0.01 et seq.)
- 0073 Petition to Collect Estate Tax
- 0038 Petition seeking Annexation to a taxing body
- 0039 Petition seeking Disconnection from a taxing body
- 0056 Petition seeking commitment/treatment/isolation of persons infected with a contagious disease (20 ILCS 2305/2)
- 0017 Action concerning the operation of Drainage Districts (70 ILCS 605/1-1 et seq.)
- 0018 Action brought under Article 14 of the School Code (105 ILCS 5/14-1 et seq.)
- 0046 Civil Asset Forfeiture
- 0049 Petition to Change Name
- 0047 Administrative Filing (Mechanic Lien)
- 0055 Gestational Surrogacy
- 0074 Child of Assisted Reproduction
- Other: _____

By: /s/ sign old name

Atty. No.: _____ X Pro Se 99500

Primary Email: _____

Pro Se means you don't need an attorney

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	File in the county where you live REQUEST FOR NAME CHANGE (ADULT)	For Court Use Only SAMPLE
Instructions ▼ Directly above, enter the county name where you will file this case. Enter your current name. DO NOT enter a Case Number, the Circuit Clerk will add it.	Request of: Full name as listed on birth certificate <hr/> Your current name (First, middle, last name) (include if you are a Jr, Junior, III, etc)	<hr/> Case Number

In 1, enter your complete current name.
In 2, enter the new full name you would like.

I ask the court to enter an order to change my name, and I state:

1. My current name is:

<u>Full</u>	<u>old</u>	<u>Name</u>
First	Middle	Last
2. I wish my name to be changed to:

<u>Full</u>	<u>new</u>	<u>name</u>
First	Middle	Last
3. My address is listed at the end of this Request.
4. I have lived continuously in Illinois for at least 6 months beginning:

	Date
--	------

you have to live in IL for at least 6 months to file
5. My birth date is: birthdate
Date
6. My place of birth is: Evanston Cook IL USA
City County State/Province Country
7. I have **have not** been adjudicated or convicted of a felony or misdemeanor in Illinois or any other state for which a pardon has not been granted.
8. I do **do not** have an arrest for which charges have not been filed.
9. I do **do not** have a pending felony or misdemeanor charge.
10. I have **have not** been convicted of or placed on probation for a crime which requires me to register as a sex offender in Illinois or any other state.
11. I have **have not** been convicted of or placed on probation for identity theft or aggravated identity theft in Illinois or any other state.
12. I have **have not** been convicted of or placed on probation for a felony in Illinois or any other state.

L If yes to any of these, talk to TJCP!

In 13, describe what you were convicted of or placed on probation for, if you checked "have" in 10, 11, or 12.

If you run out of space, use a separate piece of paper.

Record misdemeanor info here if applicable

13. If you checked "have" in 10, 11, or 12 complete the following:

Description of Conviction	Date of Conviction or Probation	Sentence Received (include parole and supervised release)	Date Sentence Completed	Pardoned? (Yes or 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 Request for Name Change (Adult) 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/ old name signature
Your Signature

203 N LaSalle St 2100
Street Address

old full name
Print Your Name

Chicago, IL 60601
City, State, ZIP

555-2424
Telephone

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

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.

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

your email
Email

NOTE

This section must be filled out by someone else, not by you.

Witness: Enter your full name.

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.

Witness: Sign and print your name.

Witness: Enter your complete address and telephone number.

VERIFICATION BY WITNESS

I, Ken Barbie Mattel
First Middle Last

certify that what is stated above and on the *Request for Name Change (Adult)* is true and correct to the best of my knowledge and belief. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Ken Barbie Mattel
Witness Signature

203 N LaSalle Suite 2100
Street Address

Ken Barbie Mattel
Print or Type Name

Chicago, IL 60601
City, State, Zip

555-2424
Telephone



Have another adult sign. They can be related to you.
You do not need a notary to sign below.

STATE OF ILLINOIS, CIRCUIT COURT <u>Cook</u> COUNTY		PUBLICATION NOTICE OF COURT DATE FOR REQUEST FOR NAME CHANGE (ADULT)	For Court Use Only SAMPLE
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter your current name. Enter the case number given to you by the Circuit Clerk.	Request of: <u>Full old name</u> Your current name (First, middle, last name) _____		Fill in after you file the request _____ Case Number

There will be a court date on my Request to change my name from:

Enter your current full name.

Full old name
 First Middle Last

to the new name of:

Enter the new full name you would like.

Full new name
 First Middle Last

Get the court date and time from the Circuit Clerk when you file the Request for Name Change.
 Make sure the date is at least 8 weeks after the date you file this form with the Circuit Clerk.

The court date will be held:

on _____ at _____ a.m. p.m.,
 Date Time

Each county has a different practice for scheduling court dates

Enter the address of the court and the court room number.

at _____
 Street Address City County

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.

in Courtroom # _____
 Room Number

↑ Put address of your courthouse, even if its a zoom hearing

For information on how to publish this Notice, see *How to Change your Name (for an Adult)*.

old name
 Your Signature

old name
 Your Current Name

* This gets sent to a newspaper in your county right after you file. Needs to run for 3 weeks.

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	ORDER FOR NAME CHANGE (ADULT)	For Court Use Only SAMPLE
Instructions ▼ Directly above, enter the county name where the case was filed. Enter your current name. Enter the case number given to you by the Circuit Clerk.	Request of: <div style="text-align: center; font-size: 1.5em;"> OLD Full Name </div> <hr/> Your current name (First, middle, last name)	You'll get this # when you file <hr/> Case Number

DO NOT check any boxes on this form. The judge will check the correct boxes at the hearing.

The Court reviewed your Request for Name Change and finds:

- The Court has jurisdiction.
- Correct Notice was done by newspaper publication.
 In this Newspaper: List paper you published with
 On these Dates: List 3 dates it was published
- Notice requirement was waived.
- Notice not required. Petitioner has received a Judgment for Dissolution of Marriage or Declaration of Invalidity of Marriage and is resuming use of their former or maiden name.
- The statements made in the Request for Name Change meet the statutory requirements.
- The statements made in the Request for Name Change **do not** meet the statutory requirements.

You'll get certified copies of this after the judge signs. We recommend 4-5 copies

IT IS ORDERED:

- The Request for Name Change is GRANTED.

* You'll use this order to update your name w/ the DMV, social security, etc.

The name of: Full old name
First Middle Last

is changed to: Full new name
First Middle Last

- The Request for Name Change is DENIED.
 The Request is denied for the following reasons: _____

Enter your current full name.

Enter the new full name you would like.

DO NOT enter the Judge and Date. The judge will sign here.

ENTERED:

 Judge

 Date

* Bring this to court. These may get completed virtually during covid depending on your judge.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

Full parent guardian name
on behalf of child old name
in the name change to
Full new child name
Plaintiff/Petitioner
v.
Defendant/Respondent

Case No. _____

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- 0003 Petition for Involuntary Commitment/ Treatment under Mental Health & Developmental Disabilities Code (Mental Health 405 ILCS 5/1-100 et seq.)
0011 Petition for Writ of Habeas Corpus
0010 Petition to review records of treatment under the Mental Health & Developmental Disabilities Code (Mental Health 405 ILCS 5/1-100 et seq.)

ADOPTION PROCEEDINGS:

- Petition for Adoption (750 ILCS 50/1 et seq.)
0001 Petitioner(s) related to adoptee
0006 Petitioner not related to adoptee
0007 Adult adoption
0029 Petition to Establish Putative Father Identification (750 ILCS 50/12a)
0002 Petition for Appointment of a Confidential Intermediary (750 ILCS 50/18.3a)
0034 Action brought under the Abandoned New Born Infant Act (325 ILCS 2/1 et seq.)
Other: _____

REAL ESTATE TAX MATTERS:

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0041 Administrative Review of Decision of the Property Tax Appeal Board (35 ILCS 200/16-195)
Tax Objection Complaints (35 ILCS 200/23-15)
0024 Valuation Complaint
0025 Tax Rate Complaint
0033 Action Seeking Payment from the Indemnity Fund (35 ILCS 200/21-305)
0026 Petition for Tax Deed and Related Proceedings (including petitions brought under 735 ILCS 5/2-1401)
0027 Petition to Expunge Redemption
0028 Petition for Relief Prior to Filing of Petition for Tax Deed

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Calendar 8, 9:30 am

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0040 Special Assessment

ELECTION MATTERS:

- 0021 Review of Actions of an Electoral Board (10 ILCS 5/10-10.1)
0022 Election Contest as authorized under Article 23 of the Election Code (10 ILCS 5/23-1 et seq.)
0023 Petition seeking the appointment of a public member to an electoral board
Other: _____

OTHER ACTIONS:

- 0014 Action brought under the Emancipation of Minors Act (750 ILCS 30/1 et seq.)
0015 Petition seeking judicial approval of an underage marriage (750 ILCS 5/208 et seq.)
0037 Action brought under the Estray and Lost Property Act (765 ILCS 1020/0.01 et seq.)
0073 Petition to Collect Estate Tax
0038 Petition seeking Annexation to a taxing body
0039 Petition seeking Disconnection from a taxing body
0056 Petition seeking commitment/treatment/isolation of persons infected with a contagious disease (20 ILCS 2305/2)
0017 Action concerning the operation of Drainage Districts (70 ILCS 605/1-1 et seq.)
0018 Action brought under Article 14 of the School Code (105 ILCS 5/14-1 et seq.)
0046 Civil Asset Forfeiture
0049 Petition to Change Name
0047 Administrative Filing (Mechanic Lien)
0055 Gestational Surrogacy
0074 Child of Assisted Reproduction
Other: _____

By: /s/ parent/guardian signs

Atty. No.: Pro Se 99500

Primary Email: _____

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	REQUEST FOR NAME CHANGE (MINOR CHILDREN)	For Court Use Only SAMPLE
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. DO NOT enter a Case Number, the Circuit Clerk will add it.	REQUEST OF: <p style="font-size: 1.2em; text-align: center;">Full name of 1 parent / guardian</p> <hr/> First, Middle, Last Name	<hr/> Case Number
TO CHANGE NAMES OF MINOR CHILDREN		

In 1, enter the current first, middle, and last name of the children and the new first, middle, and last name that you would like for the children.

In 1, if you have more than 4 children, list additional children on the *Request for Name Change - Additional Children* form and check the box.

I ask the court to enter orders to change the names of the minor children listed below, and state:

1. Names.

	Current Name of Minor Child	Proposed New Name of Minor Child
a.	full old name of child	full new name of child
b.		
c.		
d.		

I am requesting name changes for more than 4 children. I have attached a *Request for Name Change - Additional Children* form.

2. I have attached a *Request for Name Change - Child Information* form for each child.

- Yes
 No

3. I have lived continuously in Illinois for at least 6 months. I started living in Illinois on:

_____ Date ← If child has always lived in IL, put their birthdate

In 2, complete a *Request for Name Change - Child Information* form for each child and attach it to this *Request for Name Change (Minor Children)*.

In 3, enter the date you started living in Illinois. You must have lived in Illinois for 6 months before you can file this *Request*.

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.

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

I certify that everything stated on the Request for Name Change (Minor Children) and on the attached Request for Name Change - Child Information form is true and correct to the best of my knowledge. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Signature of parent who is filing
Is/ Your Signature

parent address
Street Address

Parent full name
Print or Type Name

City, State, Zip

Telephone

I am using an alternative address because disclosing my address would put would put the child or a member of the household at risk.

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Email

NOTE

This section must be filled out by someone else, not by you.

Witness: Enter your full name.

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.

Witness: Sign and print your name.

Witness: Enter your complete address and telephone number.

VERIFICATION BY WITNESS

doesn't need to be notarized

I, Barbie Ken Mattel
First Middle Last

certify that what is stated on the Request for Name Change (Minor Children) and on the attached Request for Name Change—Child Information form is true and correct to the best of my knowledge and belief. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Barbie K Mattel
Witness Signature

203 N LaSalle St 2100
Street Address

Barbie K Mattel
Print or Type Name

Chicago, IL 60601
City, State, Zip

555-2424
Telephone

* Any adult can sign as witness

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	REQUEST FOR NAME CHANGE - CHILD INFORMATION	<i>For Court Use Only</i> SAMPLE
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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. DO NOT enter a Case Number, the Circuit Clerk will add it.	REQUEST OF: <div style="text-align: center; font-size: 1.2em;"> Full name of 1 parent/guardian making request (same as previous) </div> <hr style="width: 80%; margin: 0 auto;"/> TO CHANGE NAMES OF MINOR CHILDREN	<hr style="width: 80%; margin: 0 auto;"/> Case Number
--	---	--

In **1a**, enter the complete current name of 1 minor child whose name you wish to change. This should be the full name of the child listed on their birth certificate.

In **1b-c**, enter the child's date and place of birth.

In **1d**, if disclosing the child's address would put the child or a member of the household at risk, you may use another address. That address must be one at which you can receive mail about the case.

In **2**, select your relationship to the minor child. If your relationship is not listed, you cannot ask the court to change the name of the child.

If you checked "has" in **3a** or **3b** and the child has not been pardoned, the court cannot give you a name change.

If you checked "has" in **3c** and the child has not been pardoned or has not completed probation or sentence over 10 years ago, the court may not give you a name change.

- 1. I am providing the following information about the minor child:**
 - a. Name: child's full old name as listed on birth certificate

First
Middle
Last
 - b. Date of birth is: child bday

Date
 - c. Place of birth: Evansston Cook IL USA

City
County
State/Province
Country
 - d. Address is: child's address

Street, Apt #
City
State
ZIP

I am using an alternative address because disclosing my address would put the child or a member of the household at risk.
- 2. My relationship to the child is:**
 - parent with custody/parental decision making responsibility; OR
 - guardian with legal custody; OR
 - the child has lived in my home for 3 years and is recognized as my adopted child.
- 3. I am providing the following information about the child's criminal history:**
 - a. The child has has not been convicted of or placed on probation for a crime which requires them to register as a sex offender in Illinois or any other state.
 - b. The child has has not been convicted of or placed on probation for identity theft or aggravated identity theft in Illinois or any other state.
 - c. The child has has not been convicted of or placed on probation for a felony in Illinois or any other state.

In 4, select all the reasons it is in the child's best interest to change their name. Use "Other" to add other reasons.

4. It is in the best interest of the child that their name be changed because (check all that apply):

- I wish to have the child's name changed.
- The child wishes to have their name changed.
- Other: This is the name that affirms his/her/their identity.
I use this as an opportunity to use their affirmed pronoun)

In 5, if there is another parent, list their name and address. If not, check "None."

5. I am providing the following information about other parents (do not include yourself or parents whose rights as parents have been terminated by a court order).

- None
- Name and address of other parent:

Other parents name

First Middle Last

Street, Apt # City State ZIP

In 6, if the parent listed above agrees to this name change, have them sign their name in front of an Illinois notary public if they are not going to be at the court date.

6. The other parent listed above agrees to this name change.

- I don't know
- No
- Yes (If yes, have the other parent sign below)

I, Other parents name

First Middle Last

consent to the child's name change.

Other parents signature

 Signature (sign in front of an official Illinois notary public)

DO NOT complete this section. The notary will complete it.

Notary Public
 State of Illinois
 County of _____

Notary signs here

Signed and sworn to before me on _____ by _____
Date Name

Seal _____
Signature of Notary

In 7a or 7b, if there is a second parent or a person who is not the parent with physical custody of the child, check "Yes" and fill out and attach the Request for Name Change - Additional Parent form. If not, check "No."

7. There is a second parent or person who is not the parent with physical custody of the child.

- a. There is a second parent.
 - Yes (If yes, fill out and attach the Request for Name Change - Additional Parent form.)
 - No
- b. There is a person who is not the parent with physical custody of the child.
 - Yes (If yes, fill out and attach the Request for Name Change - Additional Parent form.)
 - No

Print Form

Save Form

Reset Form

STATE OF ILLINOIS, CIRCUIT COURT		NOTICE OF COURT DATE REQUEST FOR NAME CHANGE (MINOR CHILDREN)	For Court Use Only SAMPLE
_____ COUNTY			
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:	OTHER PARENT/ WON'T BE AT COURT Case Number _____ ASK TJLP for help This gets filed + mailed to other parent	
	NO PUB NEEDED IF BOTH GUARDIANS CONSENT. USE THIS IF GUARDIAN Parent requesting _____ First, Middle, Last Name		
	TO CHANGE NAMES OF MINOR CHILDREN		

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 NAME CHANGE.

1. Court Date Information

a. Date July 31, 20 20 Time 9:00 a.m. p.m.,

b. Address: 50 N Washington Chicago Cook
Street Address City County

Courtroom: 1704

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

(At least 10 days before hearing)
 _____, 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: Other Parent
First Middle Last

Address: Other parent 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

 Street, Apt #

 Print or Type Name

 City, State, Zip

 Telephone



parent requesting name change signs this.

→ After mailing a ^{certified} copy of this plus the request for name change to other parent, keep certified receipt + print tracking info confirming delivery + bring to court.

→ If no known address for other parent, you may have to publish the minors name change in the newspaper.

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	ORDER FOR NAME CHANGE (MINOR CHILDREN)	<i>For Court Use Only</i> SAMPLE
Instructions ▼ Directly above, enter the name of the county where the case was filed.	REQUEST OF: <u>parent/guardian who requested</u> <u>name change</u>	
Enter the name of the person asking the court to change the names of minor children.	<u>First, Middle, Last Name</u>	<u>Case Number</u>
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	TO CHANGE NAMES OF MINOR CHILDREN	

If you are changing the name of more than 1 minor, you need to fill out an *Order* for each child.

DO NOT check any boxes on this form. The judge will check the correct boxes at the court date.

The Court reviewed your Request for Name Change (Minor Children) and finds:

- The Court has jurisdiction.
- Correct notice was provided.
- The notice requirement was waived.
- The name change is in the best interest of the child.
- The name change is not in the best interest of the child.

[get 4-5 certified copies of this after hearing]

IT IS ORDERED:

- The Request for Name Change (Minor Children) is **GRANTED**.

The name of:

child's old name
 First Middle Last

is changed to:

child's new name
 First Middle Last

- The Request for Name Change (Minor Children) is **DENIED**.
 The Request for Name Change (Minor Children) is denied for the following reasons:

ENTERED:

Judge _____ Date _____

Enter the child's current full name.

Enter the child's new full name.

NOTE: Make sure both the current and new names are spelled correctly.

DO NOT enter the judge and date. The judge will sign here.

Print Form

Save Form

Reset Form

Sample Fee Waiver Forms

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	APPLICATION FOR WAIVER OF COURT FEES	<i>For Court Use Only</i> SAMPLE
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	<p>Full old name</p> <hr/> Plaintiff / Petitioner (First, middle, last name) <p>[in the name change to]</p> <p>v.</p> <p>Full new name</p> <hr/> Defendant / Respondent (First, middle, last name)	<hr/> Case Number

NOTE: If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

In 1a, enter your full name

In 1b, only enter the year you were born. DO NOT enter your entire date of birth.

In 1c, enter your complete current address.

In 2a, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In 2b, enter the number of people under age 18 living in your house who you support.

In 3, check "Yes" if you are currently receiving 1 or more of the benefits listed below.

If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.

1. I believe I cannot afford to pay the court fees in this case and I am providing the following information about myself:

a. Name: Barbie Ken mattel
First Middle Last

b. Year of Birth: 1988

c. Street Address: 203 N LaSalle St 2100
 City, State, ZIP: Chicago, IL 60601

2. I am providing the following information about people who live with me:

a. I support 0 adults (not counting myself) who live with me.

b. I support 0 children under 18 who live with me.

3. I am receiving 1 or more of the benefits listed below:

- Yes No
- Supplemental Security Income (SSI) (Not Social Security)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Temporary Assistance to Needy Families (TANF)
 - SNAP (Food Stamps)
 - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

In Cook, even if you check YES to #3, they still have you fill out page 2. other counties skip.

****If you answered "Yes" in section 3, you qualify for a fee waiver under 735 ILCS 5/5-105(a)(2)(i) and (b)(1). You can skip section 4 and sign the form.****

In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

In 4b, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Under Other in 4b and 4c, include any money received from family or friends.

In 4c, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.

In 4d, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

4. I checked "No" in section 3, so I am providing the following financial information:

a. I have a pending application for 1 or more of the benefits listed in section 3:
 Yes No

b. I received the following money in the past month. (check all that apply)

<input type="checkbox"/> My employment:	\$ <u>1,100</u>	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Pension:	\$ _____		
<input type="checkbox"/> Money from other household members:			\$ _____
<input type="checkbox"/> Other (list type and amount):	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received in the past month: \$ 1,100 (Gross Income from past 30 days)

c. I received the following total amount of money in the past 12 months. (check all that apply)

<input type="checkbox"/> My employment:	\$ <u>13,200</u>	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Pension:	\$ _____		
<input type="checkbox"/> Money from other household members:			\$ _____
<input type="checkbox"/> Other (list type and amount):	<u>2 stimulus check</u>		\$ <u>1200</u>
<input type="checkbox"/> No income			

Total of all money received in the past 12 months: \$ 14,400

d. My current monthly debts and expenses are listed below. (check all that apply)

<input type="checkbox"/> Rent:	\$ <u>450</u>	per month	
<input type="checkbox"/> Home Mortgage:	\$ _____	per month	
<input type="checkbox"/> Other Mortgage:	\$ _____	per month	
<input type="checkbox"/> Utilities:	\$ <u>200</u>	per month	
<input type="checkbox"/> Food:	\$ <u>215</u>	per month	
<input type="checkbox"/> Medical:	\$ <u>86</u>	per month	
<input type="checkbox"/> Car Loan:	\$ <u>185</u>	per month	
<input type="checkbox"/> Childcare:	\$ _____	per month	
<input type="checkbox"/> Child Support:	\$ _____	per month	
<input type="checkbox"/> Other expenses not listed above (list type and amount):	<u>gas</u>		\$ <u>120</u>
<input type="checkbox"/> Other debts not listed above (list type and amount):	<u>student loan</u>		\$ <u>300</u>

I have no expenses.
 Total of all expenses: \$ 1556 per month

Check this if no expenses.

We sometimes write notes for the judge on the side

Ex:

"Employment just ended 7/15 - waiting for unemployment"

In 4e, check all of the items owned by you and list the value of each item. If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. (check all that apply)

- Bank accounts and cash totaling: \$ 150-
- Home worth: \$ _____
The total I owe on my home mortgage is: \$ _____
- Other real estate, not including the house I live in, worth: \$ _____
The total I owe on my other mortgage is: \$ _____
- 1st vehicle worth: \$ 4,000 The 1st vehicle is paid off: Yes No
- 2nd vehicle worth: \$ _____ The 2nd vehicle is paid off: Yes No
- Other (list items and value): _____ \$ _____
- None of the above

Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

/s/ old name
Your Signature

703 N LaSalle St 2100
Street Address

old name
Print Your Name

Chicago, IL 60601
City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

555-2424
Telephone

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. Enter your complete current address and telephone.

If you are filling out this form for a minor or incompetent adult, sign and print your name and state your relationship to that person. Enter your complete current address and telephone number.

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Email

STATE OF ILLINOIS, CIRCUIT COURT <u>COOK</u> COUNTY	ORDER FOR WAIVER OF COURT FEES	<i>For Court Use Only</i> SAMPLE
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	<p style="font-size: 2em; text-align: center; color: blue;">Full OLD NAME</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; color: blue;">[in the name change to]</p> <p style="font-size: 2em; text-align: center; color: blue;">Full new name</p> <hr style="border: 0.5px solid black;"/>	Case Number _____
Enter your full name as "Applicant."	Applicant Name: <u>Full</u> <u>old</u> <u>name</u> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> First Middle Last </div>	

DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

Let Judge fill the rest out.
 If signed, your fees including publication are waived!

- The Court having reviewed the Application for Waiver of Court Fees hereby finds:**
1. The applicant **qualifies** for a **full (100%)** waiver of all fees, costs, and charges because *(check only one)*:
 - a. The applicant receives means-based government assistance under one or more of the following programs:
 - Supplemental Security Income (SSI) (Not Social Security)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Temporary Assistance for Needy Families (TANF)
 - SNAP(Food Stamps)
 - General Assistance (GA), Transitional Assistance, or State Children and Family Assistance
 - OR**
 - b. The applicant's personal income is **125%** or less of the current poverty level as established by the U.S. Department of Health and Human Services and the Applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges;
 - OR**
 - c. Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
 2. The applicant **qualifies** for a **partial (75%, 50%, or 25%)** waiver of all fees, costs, and charges because the applicant's household income is *(check one)*:
 - more than **125%** but not greater than **150%** (75% waived); OR
 - more than **150%** but not greater than **175%** (50% waived); OR
 - more than **175%** but not greater than **200%** (25% waived)
 of the current poverty level as established by the US Department of Health and Human Services and the Applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable

Sample Gender Marker Change Forms

- * DMV Gender Designation Form
- * Birth Certificate Correction Forms
- * Updating Other Documents

The Basics of Correcting an Illinois Drivers License or State ID:

- *It costs \$5 to correct a license, \$10 to correct a state ID
- *You can correct your legal name and gender marker at the same time or do them separately
- *Bring your certified name change order and the Gender Designation form with you, along with your ID to correct both name and gender marker
- *Current options for gender marker on licenses and state IDs are M and F, but X will be coming soon once the DMV computer software system is updated
- *DMV will give you a paper copy of the new ID and mail you the plastic copy
- *If you need to correct your address, get an Illinois ID for the first time or if your ID is expired, you must bring additional documentation: https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_x173.pdf

SAMPLE



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Print Reset

2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
800-252-8980
www.cyberdriveillinois.com

Gender Designation Change Form

The Secretary of State (SOS) can only accept original forms with original signatures.
Photocopies and faxes are not acceptable.
You must surrender the existing driver's license or ID card that is to be changed.

A. Applicant Information (Name on current driver's license/ID card)

Last Name	First Name	Middle Name	Suffix
Driver's License/ID Card Number			

Residential Address

Street Apt. # City State ZIP

B. Gender Designation Statement

I (print name from above), _____
wish the gender designation on my driver's license/ID card to read: Male Female

↖ Non-binary option coming soon?!

Attestation

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my driver's license/ID card is for the purpose of ensuring that my driver's license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: _____ Date: _____

False statements are punishable by fine, imprisonment, or both.

(we recommend bringing a blank copy with you to the DMV + filling it out there with the staff. NO doctor letter required. Trans folks can use this form to self certify their gender)

To Be Completed by SOS Personnel Only

Employee ID #: _____ Date: _____

Employee Signature: _____

The Basics of Illinois Birth Certificate Correction:

- * It costs \$15 to correct an Illinois birth certificate, there is no current waiver process for this fee
- * You can update your legal name and gender marker at the same time or just the legal name or just the gender marker/sex designation. It's up to you!
 - * Money orders seem to be processed faster
- * Expect 4-6 weeks turn around to get it mailed back to you
- * TJLP can help you get your forms notarized and review them before you submit

*Address the envelope to:

Illinois Department of Public Health

Division of Vital Records

925 E. Ridgely Ave

Springfield, IL 62702-2737

Include these [5] items:

- 1) A \$15 check or money order made out to IDPH
- 2) A photo copy of your license/ID or parent/guardian's license/ID if requesting for a minor
- 3) A certified order of the name change (if correcting legal name)
- 4) The declaration of gender transition or intersex condition signed by a health care or licensed mental health provider (if correcting gender marker)
- 5) The Affidavit and Certificate of Correction Request (this is notarized and lists if updating legal name and/or gender marker)



STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST INSTRUCTIONS

1. Clearly print with a black pen or type all information.
2. Place a check mark by the record you are seeking to correct.
3. Any alterations, use of white-out or cross-outs will void this affidavit. If an error is made, start over with a new blank form.
4. **Current Legal name** means the name used at the time of the child's birth (i.e. the name after marriage, after a court ordered name change or after a naturalization. This could also be the maiden name.).
5. **Name prior to first marriage/civil union** refers to the name given at birth; the maiden name or name that appears on a person's birth record.
6. **"Relationship"** refers to the applicant's relationship to the individual named on the record, for example, husband, mother, hospital birth clerk, daughter, individual serving as power of attorney or self.
7. **"What you want corrected"** should indicate the item (e.g., child's first name, mother's date of birth, father's place of birth, marital status).
8. This form must be signed in the presence of a notary public. Notary publics are available at most banks and currency exchanges for a minimal fee.
9. The following is a list of documents to include:
 - Original affidavit signed by the person requesting the correction.
 - A \$15 check or money order made payable to IDPH.
 - A copy of a non-expired, government issued photo ID of the person requesting the correction.
 - Documentation required to complete the correction requested. Please visit our website at <http://www.idph.state.il.us/vitalrecords/correctioninfo.htm> for more information concerning the types of documents needed.
 - Return all documents to:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Vital Records
925 E. Ridgely Ave.
Springfield, IL 62702-2737

If you have additional questions, e-mail them to dph.vitals@illinois.gov



SAMPLE

STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST

Requesting correction to: Birth Stillbirth/Fetal Death Death

I, write your full new name being duly sworn, deposes and says under penalty of perjury, that my relationship to the individual named on the record is self (or list parent/guardian) (relationship such as self, mother, son, funeral director, minor)

I further affirm that, **FIRST**; the information below lists the particulars of the record in question.

Name currently on record Full old name as listed on birth certificate
Place of birth or death Evanston Hospital, Evanston Cook Date of birth or death 12-13-88
(facility, city and county) (month, day and year)
Mother/Co-parent's name **prior** to first marriage/civil union Britney Jean Spears
Father/Co-parent's name **prior** to first marriage/civil union Kenneth Barbie Doll
(if listed on the record)

SECOND; the following information is incorrect or missing and should be corrected as follows:
(Make sure to specify if you want to correct **Current Legal Name** or **Name Prior to First Marriage/Civil Union**)

What you want corrected	How it reads now	How it should read
<u>legal name</u>	<u>full old name</u>	<u>full new name</u>
<u>sex designation or gender marker</u>	<u>current gender marker</u>	<u>male, female or X</u>

include both if changing name + gender

(if additional room is needed, complete another affidavit/request form)

THIRD; that the applicant's current address is:

Street address, apartment, floor, or suite number Your address
City, state and ZIP code _____ Date signed DATE THIS AFTER your name change
Written signature sign your new name IN FRONT of a notary
(of applicant completing the affidavit)

Subscribed and sworn to before me this _____ **day of** _____, 20____
in _____ **County.** Have a notary stamp/sign here

NOTARY SEAL

(Notary Public)

DO NOT WRITE BELOW THIS LINE.

Date made _____

Date made _____

Date made _____

Date made _____

Accepted for filing on the _____ day of _____ 20____ By _____
Title _____



SAMPLE

Mail to Springfield
* 1) \$15 check or money order to IDPH
* 2) photocopy of ID or guardian's ID

STATE OF ILLINOIS GENDER TRANSITION/INTERSEX CONDITION APPLICATION INSTRUCTIONS

* 3) If changing gender, include declaration of gender transition

The **Affidavit and Certificate of Correction Request** form must be completed by the applicant and signed in the presence of a notary public. The form is used for all corrections to birth, death, and fetal death records. **We cannot accept a letter or statement in place of this form.** The original of the form must be submitted to this office along with the completed **Declaration of Gender Transition or Intersex Condition** form.

* 4) B.C. correction form

The **Declaration of Gender Transition or Intersex Condition** form must be completed by either a *licensed health care professional or a licensed mental health professional, as defined by Section 1 of the Illinois Vital Records Act (410 ILCS 535/1)*. This licensed professional must stipulate, under penalty of perjury, that the person seeking a new certificate of birth has either undergone clinically appropriate treatment for gender transition or has an intersex condition as required by 410 ILCS 535/17(1)(d).

* 5) Name changer order

A “**Licensed health care professional**” means a person licensed to practice as a physician, advanced practice nurse or physician assistant in Illinois or any other state.

A “**Licensed mental health professional**” means a person who is licensed or registered to provide mental health services by the Department of Financial and Professional Regulation or a board of registration duly authorized to register or grant licenses to persons engaged in the practice of providing mental health services in Illinois or any other state.

A name change must be accompanied by a certified copy of a court order entered by a court of competent jurisdiction. Please indicate on your request to have your name changed in the second section of the **Affidavit and Certificate of Correction Request**.

The Illinois Department of Public Health (IDPH) will review the request and if all requirements are met, will create a new birth record reflecting the new sex designation and name change, if appropriate. The original birth certificate and all documents submitted are placed in a sealed and impounded file which cannot be opened except upon order of the circuit court, request of the person, or as provided by law or regulation.

The fee is \$15 and includes one certified copy of the new birth certificate. Additional copies are \$2 each if ordered at the same time. Make check or money order payable to Illinois Department of Public Health.

Include a copy of your non-expired, government issued photo identification card (ID).

If you have additional questions, you can reach the Illinois Department of Public Health, Division of Vital Records at 217-782-6553, Monday through Friday, 10 a.m. - 3 p.m. or via email to dph.vitals@illinois.gov.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Vital Records
925 E. Ridgely Avenue
Springfield, IL 62702-2737

← Address your envelope



SAMPLE

DECLARATION OF GENDER TRANSITION OR INTERSEX CONDITION
BY LICENSED HEALTH CARE PROFESSIONAL

State of Illinois :
County of Cook :

I, name of Dr, therapist, etc being a licensed health care professional
or a licensed mental health professional, have personally treated or evaluated
Your new name and this person has either:
(Name of person treated or evaluated)

ick
one

- undergone treatment that is clinically appropriate for the purpose of gender transition, based on contemporary medical standards or,
- has an intersex condition.

options: male, female,

The sex designation on such person's birth record should therefore be changed to X.

PHYSICIAN'S INFORMATION ← ^{licensed} can be a therapist too

License number _____ Issuing state _____ Expiration _____
Office street address _____
Office city, state and ZIP code _____
Office telephone and facsimile numbers _____

I declare, under penalty of perjury, that all of the foregoing information is true and correct.

Signature your healthcare professional signs
(Licensed health care professional or licensed mental health professional)

The Basics of Correcting Social Security Card:

- * Up-to-date info: <https://transequality.org/know-your-rights/social-security>
- * Visit a social security branch and complete a correction form (they have copies as you enter)
- * Bring a certified copy of the name change order
- * Bring a letter from a physician stating you've taken appropriate clinical steps to transition (see sample letter in link above)
- * We recommend having the letter be dated within 90 days. Must be an original, not a fax or copy
- * Name on card will be updated and mailed to you, if changing gender marker, this will generally be changed in the system within 48 hours
- * There is no cost to correct a social security card

The Basics of Correcting a Passport:

National Center for
Trans Equality has a
great resource guide
for this!

<https://transequality.org/know-your-rights/passports>

Other Questions?

Email us at
namechange@tjlp.org

