

<input type="checkbox"/> County Court El Paso County, Colorado Court Address: 270 S. Tejon, PO Box 2980, Colorado Springs, Colorado 80901		
IN THE MATTER OF THE PETITION OF: FOR A CHANGE OF NAME TO:		▲ ▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: Division Courtroom
MOTION TO WAIVE PUBLICATION OF NAME CHANGE		

IN THE MATTER of the Petition of _____
 (Adult/Minor Child's Present Name)

for change of name to _____.

I am requesting this action for the following reason(s): _____

Parent/Petitioner requests that an Order be entered to waive the (3) time publication in a newspaper in the county where such person is residing.

 (Parent/Petitioner Signature)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My commission expires: _____

 Deputy Clerk/Notary Public