(First Published in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Name of News Publication], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ )

IN THE JUDICIAL DISTRICT

DISTRICT COURT OF COUNTY, KANSAS

|  |
| --- |
| IN THE MATTER OF THE PETITION OF |
| Present Name |
| To Change His/Her Name to:    New Name |

Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_

Div. No. \_\_\_\_\_\_\_\_\_\_\_\_\_  
PURSUANT TO K.S.A. CHAPTER 60

**NOTICE OF HEARING - PUBLICATION**

THE STATE OF KANSAS TO ALL WHO ARE OR MAY BE CONCERNED:

You are hereby notified that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Petitioner’s Full Name], filed a Petition in the above court on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, requesting a judgment and order changing his/her name from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

The Petition will be heard in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County District Court, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Court address], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [City], Kansas, on the \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, at \_\_\_\_:\_\_\_\_  a.m.  p.m.

If you have any objection to the requested name change, you are required to file a responsive pleading on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ [Insert date at least 41 days after first publication] in this court or appear at the hearing and object to the requested name change. If you fail to act, judgment and order will be entered upon the Petition as requested by Petitioner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner, Pro Se

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_