This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT		APPEARANCE	For Court Use Only
	COUNTY	ALLEANANCE	
Instructions ▼		l	
Directly above, enter the name of the county where the case was filed.			_
Enter the name of the person or company that filed this case as Plaintiff/Petitioner.	Plaintiff / Peti V.	tioner (First, middle, last name or Company)	
Enter the name of the Defendant/Respondent.			
Enter the Case Number given by the Circuit Clerk.	Defendant / R	espondent (First, middle, last name)	Case Number
In 1, enter your full name, and check the box next to "Myself," if you are not an attorney. If you are an attorney, enter the name of your client in 1, check the box next to "Their attorney," and enter your attorney or firm name in the In 2, check only one box to ask for a trial with only a judge or a trial with only a judge and jury. You do not have a right to a jury trial in every case. 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	torney: Attorney or Firm Name a trial with: and jury everything above is true and correct. I un this form is perjury and has penalties pro	nderstand that making a false ovided by law under <u>735 ILCS5/1-109</u> .
If you are completing this form on a computer, sign your name by typing it. If	Your Name	City, State	e, <i>ZIP</i>
you are completing it by hand, sign and print your name. Enter your complete	Telephone	Email	
address, telephone number, and email address, if you have one.	Firm Name	Attorney :	# (if any)
If you are an attorney, enter your firm name and attorney number.			

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.

PROOF OF DELIVERY

In **c**, fill in the date and

time that you are sending the document.

On:

Date

1. I am sending the Appearance In 1a, enter the name, a. To: mailing address, and Name: email address of the Middle **First** Last party you are sending Address: the document to. If they Street, Apt # City State ZIP have a lawyer, you must enter the lawyer's Email address: information. In 1b, check the box to b. By: show how you are An approved electronic filing service provider (EFSP) sending the document. ☐ Email (not through an EFSP) **CAUTION:** If you and Only use one of the methods below if you do not have an email address, or the the person you are person you are sending the document to does not have an email address. sending the document to Personal hand delivery to: have an email address, you **must** use one of the ☐ The party first two options. The party's family member who is 13 or older, at the party's residence Otherwise, you may use one of the other options. ☐ The party's lawyer In **c**, fill in the date and ☐ The party's lawyer's office time that you are sending the document. c. On: ☐ a.m. ☐ p.m. Date In 2, if you are sending the document to more I am sending the Appearance than 1 party or lawyer, fill in **a**, **b**, and **c**. a. To: Otherwise leave 2 Name: blank. First Middle Last In 2a, enter the name, mailing address, and Address: email address of the Street, Apt # City State ZIP party you are sending Email address: the document to. If they have a lawyer, you must b. By: enter the lawyer's information. An approved electronic filing service provider (EFSP) In **2b**, check the box to Email (not through an EFSP) show how you are Only use one of the methods below if you do not have an email address, or the sending the document. person you are sending the document to does not have an email address. **CAUTION:** If you and Personal hand delivery to: the person you are ☐ The party sending the document to The party's family member who is 13 or older, at the party's residence have an email address, you must use one of the ☐ The party's lawyer first two options. ☐ The party's lawyer's office Otherwise, you may use one of the other options.

Time

□ a.m. □

	Enter the 0	Case Number given by the Circuit Clerk:	
If you are sending your document to more than 2 parties or lawyers, check the box and file the <i>Additional Proof of Delivery</i> with this form.	☐ I have completed an <i>Additional Proof of Delivery</i> form.		
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.		Proof of Delivery is true and correct. I understand that is perjury and has penalties provided by law under Street Address	
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	Print Your Name	City, State, ZIP	
your name. Enter your complete address, telephone number, and email address, if you have one.	Telephone	Email	

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