THE SUPRISON	APPEARANCE (CIVIL)	
STATE OF ILLINOIS AUG. 25 1818	IN THE STATE OF ILLINOIS, CIRCUIT COURT	
Social	This is my official notice that I am participating in this case.	
(	COUNTY:County Where You Are Filing the Case	
	Enter the case information as it appears on your other court documents.	
	PLAINTIFF/PETITIONER OR IN RE:	
'	Who started the case. First, Middle, and Last Name, or Business Name	
[	DEFENDANTS/RESPONDENTS: Who the case was filed against.	Case Number
		Case Number
	First Middle and Last Names of Dusiness Names	
	First, Middle, and Last Name, or Business Name	
) If your	want to request a trial with a judge and a jury (jury trial), you will also need to <b>fill</b>	out and file a consucto
The <b>de</b>	ant a trial with a judge only (bench trial), do <b>not</b> file the separate <i>Jury Request</i> for <b>eadline</b> for filing a <i>Jury Request</i> is different depending on the type of case and you ff, usually you must file a <i>Jury Request</i> at the same time that you file the case. If y	r situation. If you are the
usually	you must file a Jury Request at the same time as your Appearance.	·
4 11	AAAF	
	<b>AME &amp; INFORMATION</b> you do not have a lawyer, enter your information below to tell the court how to ad	ldress you. If you are a
	wyer entering an appearance for a client, enter your client's information below.	aress you. If you are a
	Name:	
		Name
	Pronouns (Optional):	
	☐ He/Him ☐ She/Her ☐ They/Them ☐ Other:	
	Prefix (Optional):	
	Mr. Ms. Mrs. Other:	
	PPEARANCE	
Che	ck only one box.	
	I do not have a lawyer and I am entering my own appearance in this case. With	th this <i>Appearance</i>
	form, I am telling the court that I am participating in this case.	
•	OR -	
	I am a lawyer entering my appearance for a client in this case:	

Attorney or Firm Name

Case Number:
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SIGN				
Under <u>Illinois Supreme Court Rule 137</u> , y	our signature means that you:			
1) read the document, 2) believe it is tru	e and correct, and 3) are not filing it to ca	ause delay or for a	nother bad reasc	n.
If you are filling out this form online, sign print your name.	n your name by typing it. If you are filling	out this form by h	nand, sign and	
Your Signature <u>/s/</u>	Print Your Name			_
Your Address				_
Street, Apt. #	City	State	Zip Code	
Your Phone Number	Attorney Number (if any)	)		_

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

## 3. PROOF OF DELIVERY

Your Email (if you have one)

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to their lawyer.** 

Name:			
First	Middle	Last Name	
Address:			
Street, Apt. #	City	State	Zip Code
mail Address:			
Using an approved electron	is filing comice provider /F	-co)	
or the person I am sending the Mail or third-party carrier to	document to do not have the address in <b>3a</b> , with po	an email address. I estage or delivery cl	harge prepaid.
I or the person I am sending the	document to do not have the address in <b>3a</b> , with po	an email address. I estage or delivery cl	harge prepaid.
or the person I am sending the Mail or third-party carrier to	document to do not have a the address in <b>3a</b> , with poparty carrier:  City  s address:	an email address. I estage or delivery cl	harge prepaid.  State
I or the person I am sending the Mail or third-party carrier to Location of mailbox or third- Personal hand delivery at thi NOTE: You can only deliver to the pail	document to do not have a the address in <b>3a</b> , with po party carrier:	an email address. I estage or delivery cl	harge prepaid.  State  party's lawyer, or party's lawyer
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I or the person I am sending the Mail or third-party carrier to  Location of mailbox or third-  Personal hand delivery at thi  NOTE: You can only deliver to the pail  Address  Street,	document to do not have a the address in <b>3a</b> , with poparty carrier:  City s address: rty, party's family member over Apt. #, City, State, and Zip Code om a prison or jail:	an email address. Instage or delivery cl	harge prepaid.  State  party's lawyer, or party's lawyer
☐ I or the person I am sending the ☐ Mail or third-party carrier to  Location of mailbox or third- ☐ Personal hand delivery at thi  NOTE: You can only deliver to the part  Address	document to do not have a the address in <b>3a</b> , with poparty carrier:  City  s address: rty, party's family member over Apt. #, City, State, and Zip Code om a prison or jail:  Name	an email address. I stage or delivery cl	harge prepaid.  State  party's lawyer, or party's lawyer

		Case I	Number:	
<ul><li>b.</li></ul>	s to additional people			
☐ I am sending these documents to	an additional nerson r	not listed in 3a:		
_	·	iot listed iii <b>sa.</b>		
Name:	 Middle	 Last Name		
Address:				
Street, Apt. #	City	State	Zip Code	
Email Address:				
By: Electronically to the email address in By email (not through an EFSP) Using an approved electronic f		EFSP).		
☐ I or the person I am sending the doc ☐ Mail or third-party carrier to the	e address in <b>3b</b> , with p	ostage or delivery char	ge prepaid.	document by:
Location of mailbox or third-par	ty carrier: City			 State
Personal hand delivery at this ac NOTE: You can only deliver to the party,	ddress:	r 13 at party's residence, par	rty's lawyer, or p	arty's lawyer's office
	. #, City, State, and Zip Cod			
Mail to the address in <b>3b</b> , from		e of Prison or Jail		
This document will be sent on: Date:		-		
	Month, Day, Year		de AM or PM	
I am sending the document to more t	han 2 people and hav	e completed an <i>Additio</i>	nal Proof of D	elivery form.
SIGN				
Under 735 ILCS 5/1-109, your signature m	eans that you:			
1) certify that everything in this document this form is perjury and has penalties prov	is true and correct, a	nd 2) understand that r	making a false	statement on
If you are filling out this form online, sign print your name.	your name by typing if	. If you are filling out th	nis form by ha	ınd, sign and
Your Signature /s/	Print Your N	lame		
Your Address				
Street, Apt. #	City		State	Zip Code
Your Phone Number	Attorney	Number (if any)		
Your Email (if you have one)				
Be sure to <b>check your email every day</b> so other parties.			t dates, or do	cuments from

Case Number:	



## **NEXT STEP FOR PERSON FILLING OUT THIS FORM:**

After you fill out your forms, file them with the Circuit Clerk's office in the county where your case is taking place. Then, send your forms to the other people in the case. Find your Circuit Clerk: <a href="illourts.info/CircuitClerks">ilcourts.info/CircuitClerks</a>.



Learn more about each step in the process and how to file in our Instructions: ilcourts.info/appearance-instructions.

## **NEXT STEP FOR PERSON RECEIVING THIS DOCUMENT:**

For more information about going to court including how to fill out and file forms, call or text **Illinois Court Help** at 833-411-1121 or go to <u>ilcourthelp.gov</u>.

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at <u>ilao.info/glossary</u>. You may also find more information, resources, and the location of your local legal self-help center at: <u>ilao.info/lshc-directory</u>.