PROOF OF DELIVERY

IN THE STATE OF ILLINOIS, CIRCUIT COURT

This tells the judge how and when you will send documents to the other people in the 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.

_____

_____

First, Middle, and Last Name, or Business Name

_____

Case Number

PROOF (EXPLANATION) OF DELIVERY

This tells the judge how and when you will send your documents ***to the other people in the case*** *under Rule 11.*
If a person in the case has a lawyer, ***you must send your documents to their lawyer.*** *File this form with the Circuit Clerk, but do not list the Clerk below as a person you are sending your documents to.*

A. I am sending this *Proof of Delivery* and the following court documents:

_____

Name of Documents

To: _____

Full Name or Law Firm Name

B. I am sending the documents:

☐ By **email** to this email address: _____

☐ Through an approved **e-filing website (EFSP)** to this email address: _____

STOP

You **must** send documents electronically (by email or through an EFSP) if you and the person you are sending documents to have an email address. If you or the person you are sending to do not have an email address, or if you have permission from the judge, you may send documents using the options below.

☐ I am sending the documents to this address:

_____

Street, Apt. # *City* *State* *Zip Code*

By *(check all that apply):*

☐ Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

☐ Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

Location of mailbox or third-party carrier: _____

Address or Intersection *City* *State*

☐ Mail from a prison or jail: _____

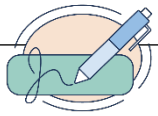
Name and Address of Prison or Jail

C. The documents will be sent on: Date: _____ Time: _____

Month, Day, Year *Include AM or PM*

If you are sending your documents to additional people, fill out a *Proof of Delivery* form for each person.

Case Number _____



SIGN

Under 735 ILCS 5/1-109, my signature means that:

1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and

2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Signature /s/_____ Print Name _____

☐ **I am completing this form for myself**

Phone Number _____ Email (if you have one) _____

Address _____

Street, Apt. # *City* *State* *Zip Code*

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

☐ **I am a lawyer completing this form on behalf of a client** (Client name): _____

Lawyer Name _____ Attorney Number _____

Lawyer Phone Number _____ Law Firm _____

Lawyer Email _____

Address _____

Street, Apt. # *City* *State* *Zip Code*

WHAT'S NEXT

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: ilcourts.info/clerks.

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

NEXT STEP FOR PERSON RECEIVING THIS FORM:

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 ilcourthelp.gov.

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