

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>APPEARANCE</b>  <b>Pro Se</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> 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. Enter the name of the Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	_____ <b>Plaintiff / Petitioner</b> ( <i>First, middle, last name or Company</i> )  v.  _____ <b>Defendant / Respondent</b> ( <i>First, middle, last name</i> )	_____ <b>Case Number</b>

In 1, enter your full name.

In 2, check only one box to ask for a trial with only a judge or a trial with a judge and jury.  
 You do not have a right to a jury trial in every case.

1. I, \_\_\_\_\_ enter my appearance in this case.  
                     *First                    Middle                    Last*
2. I would like a trial with:
- ☐ a judge  
☐ a judge and jury

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.

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 your name.

Enter your complete address and telephone number.

**I certify that everything above is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS5/1-109](#).**

\_\_\_\_\_  
*/s/*  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Telephone*

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. 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 or notice of court dates. Other parties may still send you court documents by mail.

☐ I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
*Email*

**PROOF OF DELIVERY**

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

## 1. I sent this document:

## a. To:

Name:

*First**Middle**Last*

Address:

*Street, Apt #**City**State**ZIP*

Email address: \_\_\_\_\_

## b. By:

☐

Personal hand delivery

☐

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*☐

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS ) and office address*☐

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐Email (*not through an EFM or EFSP*)☐

Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

## c. On:

*Date*

At:

*Time*☐

a.m.

☐

p.m.

## 2. I sent this document:

## a. To:

Name:

*First**Middle**Last*

Address:

*Street, Apt #**City**State**ZIP*

Email address: \_\_\_\_\_

## b. By:

☐

Personal hand delivery

☐

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*☐

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Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_  
Date

At: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:  
Name: \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Street, Apt # City State ZIP  
Email address: \_\_\_\_\_

b. By: ☐ Personal hand delivery  
☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
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\_\_\_\_\_  
Name of prison or jail

c. On: \_\_\_\_\_  
Date

At: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Time

If you sent your document to more than 3 parties or lawyers, check the box and file *Additional Proof of Delivery* with this form.

☐ I have completed an *Additional Proof of Delivery* form.

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**I certify that everything in the Proof of Delivery is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

/s/ \_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone

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 your name.