	TATE OF ILLING	DIS, CIRCUIT COURT	_
COUNTY:	County Where You	ı Are Filing the Case	
Enter the case infor	mation as it appea	rs on your other court documents.	-
PLAINTIFF/PETI			
Who started the ca	se.	First, Middle, and Last Name, or Business Name	
DEFENDANTS/F Who the case was f	Case Numbe		
		First, Middle, and Last Name, or Business Name	
Warr	ing: You must f	ile a Motion to Continue (Reschedule) or Extend To	ime with this form.
(S) Warr	i ing: You must f	ile a Motion to Continue (Reschedule) or Extend T	ime with this form.

- Write the address of the witness if you know it. If you do not know it, check the box and explain what you have done to try to get it.

In **2b**, check the box if the evidence you are missing is a document. Write the name of the document.

In **2c**, check the box if the evidence you are missing is something else (not a witness or document). Describe the evidence.

The evidence I will be missing on my court date is: a. **A witness** who will testify in court (check all that apply): Witness name: _____ Witness address: _____ I don't know the witness's address, and this is what I have done to try to find it: The witness cannot come to court on the scheduled court date. b. A document. Name or description of document: _____

	c. Something else (Description of the		locument).						
3.	FACTS RELATED TO THE MISSING EVIDENCE OR WITNESS Describe the facts that the missing evidence or witness will help you prove.								
	The facts the evidence	e or witness will ho	elp prove are:						
4.	HOW YOU HAVE TRIED TO GET MISSING EVIDENCE OR WITNESS Explain what you have done to try to get the missing evidence or witness, or why you have not had								
	enough time to get it. This is what I have done to try to get the missing evidence or witness:								
	This is why I have not	: had enough time	to find the missi	ng evidence or witne					
5.	I can get the missing e	vidence or witnes	s if I have more ti	me.					
SIGN									
	ILCS 5/1-109, my signat								
•	ng in this document is t tand that making a false								
-	ling out this form online, s				•				
Signature _Z	/s/		Print Nam	e					
	mpleting this form for								
Phone Nun	nber	En	nail (if you have o	ne)					
Address									
D to al	Street, Apt. #		City	-ti	State	Zip Code			
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Case Number__