



# MOTION TO APPROVE PROCESS SERVER WHO IS NOT LICENSED

IN THE STATE OF ILLINOIS, CIRCUIT COURT

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 \_\_\_\_\_



Only use this form if you are asking the judge for permission to use a private process server who is **not licensed**. You do not need the judge's permission to use the sheriff or a licensed private process server to serve your documents ([735 ILCS 5/2-202](#)).

## 1. REQUEST TO USE A PROCESS SERVER WHO IS NOT LICENSED

I am asking the court to approve the person listed below, who is over age 18, not a party to this case, and not a licensed private detective or registered employee of a licensed private detective agency:

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*Street, Apt. #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

to serve the *Summons* and Complaint/Petition in this case on these defendants/respondents:

\_\_\_\_\_  
*Names of defendants/respondents*

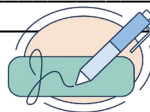
## 2. ADDITIONAL INFORMATION

*Explain why you are asking to use a private process server who is not licensed (for example, the sheriff tried but was not able to serve the defendant/respondent).*

I want to use a private process server who is not licensed because:

\_\_\_\_\_  
\_\_\_\_\_

## SIGN



Under [735 ILCS 5/1-109](#), your 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.*

Your Signature /s/ \_\_\_\_\_ Print Your Name \_\_\_\_\_

Your Phone Number \_\_\_\_\_ Attorney Number (if any) \_\_\_\_\_

Your Email (if you have one) \_\_\_\_\_

Your 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.

### 3. PROOF OF DELIVERY

Fill out the information below to show how you are sending the documents, under Rule [11](#), to the other people in the case. If a person in the case has a lawyer, **you must send the documents to their lawyer.**

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

\_\_\_\_\_  
Name of Documents

To:

Name: \_\_\_\_\_  
First Middle Last Name

Address: \_\_\_\_\_  
Street, Apt. # City State Zip Code

Email Address: \_\_\_\_\_

By: ☐ Electronically to the email address in **3a**:

☐ By email (*not through an EFSP*).

☐ Using an approved electronic filing service provider (EFSP).

☐ I or the person I am sending the document to do not have an email address. I am sending the documents by:

☐ Mail or third-party carrier to the address in **3a**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: \_\_\_\_\_  
Address or Intersection City State

☐ Personal hand delivery at this address:

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

Address \_\_\_\_\_  
Street, Apt. # City State Zip Code

☐ Mail to the address in **3a**, from a prison or jail: \_\_\_\_\_  
Name of Prison or Jail

This document will be sent on: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year Include AM or PM

b. ☐ I am not sending these documents to additional people.

- OR -

☐ I am sending these documents to an additional person not listed in **3a**:

To:

Name: \_\_\_\_\_  
First Middle Last Name

Address: \_\_\_\_\_  
Street, Apt. # City State Zip Code

Email Address: \_\_\_\_\_

By: ☐ Electronically to the email address in **3b**:

☐ By email (*not through an EFSP*).

☐ Using an approved electronic filing service provider (EFSP).

☐ I or the person I am sending the document to do not have an email address. I am sending the documents by:

☐ Mail or third-party carrier to the address in **3b**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: \_\_\_\_\_  
Address or Intersection City State

☐ Personal hand delivery at this address:

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

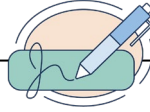
Address \_\_\_\_\_  
Street, Apt. # City State Zip Code

Case Number: \_\_\_\_\_

☐ Mail to the address in **3b**, from a prison or jail: \_\_\_\_\_  
Name of Prison or Jail

This document will be sent on: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year Include AM or PM

☐ I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.



## SIGN

Under [735 ILCS 5/1-109](#), your 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.*

Your Signature /s/ \_\_\_\_\_ Print Your Name \_\_\_\_\_

Your Phone Number \_\_\_\_\_ Attorney Number (if any) \_\_\_\_\_

Your Email (if you have one) \_\_\_\_\_

Your 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.



## WHAT'S NEXT

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

When you file your *Motion*, ask the Circuit Clerk if you need to schedule a court date or if one will be scheduled automatically. In some counties, you may get the court date when you e-file. Include that court date in your *Notice of Court Date for Motion*.

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](http://ilcourts.info/clerks).



Learn more about each step in the process and how to file in our Instructions:

[ilcourts.info/how-to-motion-ps](http://ilcourts.info/how-to-motion-ps).

### 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 [ilcourthelp.gov](http://ilcourthelp.gov).

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at [ilao.info/glossary](http://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](http://ilao.info/lshc-directory).