



CERTIFICATION FOR EXEMPTION FROM E-FILING

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 _____



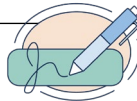
You are automatically exempt from e-filing and you do not need to file this *Certification* if:

- ☐ You are in jail or prison, you are filing into a juvenile case, or your disability prevents you from e-filing.

Please select the reason you are unable to e-file documents and have a good cause exemption from e-filing under Illinois Supreme Court Rule [9\(d\)\(2\)](#) in this case:

- ☐ I do not have a lawyer and at least one of the following statements is true:
- ☐ I do not have the Internet or computer access in the home;
 - ☐ I do not have an email account;
 - ☐ I do not have a credit card, debit card, or bank account;
 - ☐ I have trouble reading, writing, or speaking in English; or
 - ☐ I tried to e-file my forms, but am not able to complete the process because the equipment or help I need is not available.
- ☐ I am filing a document in an emergency case as allowed by local rule or order.

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

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts. Forms are free at ilcourts.info/forms.