

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ADDITIONAL PROOF OF DELIVERY</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 Defendants/Respondents.  Enter the Case Number given by the Circuit Clerk.	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Plaintiff / Petitioner</b> <i>(First, middle, last name or Company)</i> </div> <div style="text-align: center; margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Defendants / Respondents</b> <i>(First, middle, last name, or business name)</i> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Case Number</b> </div>
In <b>1</b> , enter the name of each court document you are sending.	<b>1. I am sending the following court document:</b> _____  <div style="margin-left: 20px;"> <b>a. To:</b>            Name: _____  <div style="display: flex; justify-content: space-between; width: 80%; margin: 5px 0;"> <span><i>First</i></span> <span><i>Middle</i></span> <span><i>Last</i></span> </div>           Address: _____  <div style="display: flex; justify-content: space-between; width: 80%; margin: 5px 0;"> <span><i>Street, Apt #</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP</i></span> </div>           Email address: _____         </div> <div style="margin-left: 20px; margin-top: 10px;"> <b>b. By:</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> An approved electronic filing service provider (EFSP)  <input type="checkbox"/> Email <i>(not through an EFSP)</i>  <i>Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.</i>  <input type="checkbox"/> Personal hand delivery to:  <div style="margin-left: 20px;"> <input type="checkbox"/> The party  <input type="checkbox"/> The party's family member who is 13 or older, at the party's residence  <input type="checkbox"/> The party's lawyer  <input type="checkbox"/> The party's lawyer's office  <input type="checkbox"/> Mail or third-party carrier           </div> </div> </div>	

In **1a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.	**c. On:** \_\_\_\_\_ **at:** \_\_\_\_\_ ☐ a.m. ☐ p.m.  *Date* *Time*	
In **1b**, check the box to show how you are sending the document.  **CAUTION:** If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.		
In **c**, fill in the date and time that you are sending the document.		

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

In **2a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

In **2b**, check the box to show how you are sending the document.

**CAUTION:** If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the

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

**2. I am sending this document:**

a. To:

Name:

*First*

*Middle*

*Last*

Address:

*Street, Apt #*

*City*

*State ZIP*

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

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email (*not through an EFSP*)

*Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.*

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On:

*Date*

at:

*Time*

☐ a.m.

☐ p.m.

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, telephone number, and email address, if you have one.

**I certify that everything in the *Proof of Delivery* is true and correct. I understand that 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*

*Email*

*Attorney # (if any)*

**GETTING COURT DOCUMENTS BY EMAIL:** 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, notice of court dates, or documents from other parties.