

In **3**, check **a** or **b**. If you check **3a**, skip to the signature. If you check **3b**, check all that apply and explain how the landlord got the facts or law wrong and why it would be fair for the court to remove this court file from the public record.

- Additional details:

☐ the eviction record will make it harder to find housing, find a job, or get credit.

☐ Other: _____

Additional details:

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 *Motion* 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

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.

PROOF OF DELIVERY

1. I am sending the *Motion*

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email

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: _____ at: _____ ☐ a.m. ☐ p.m.
Date Time

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.

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 *Motion* 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 other options.

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

If you are sending your document to more than 2 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this

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Enter your complete address, telephone number, and email address, if you have one.

2. I am sending the *Motion*:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email

b. By:

☐

An approved electronic filing service provider (EFSP)

☐

Email (*not through an EFSP*)

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☐

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.

☐

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

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)

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