



COUNTERCLAIMS

(ANSWER OR RESPONSE)

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.

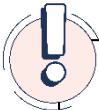
First, Middle, and Last Name, or Business Name

DEFENDANTS/RESPONDENTS: _____

Who the case was filed against.

First, Middle, and Last Name, or Business Name

Case Number _____



Use this form only if you have counterclaims in your case. There will not be counterclaims in every case. There may be an additional fee to file counterclaims.

You should file your *Counterclaims* form **at the same time** as a separate document from your *Answer/Response*. If you do not file your counterclaims at the same time as your *Answer*, you may not be able to file them later.

COUNTERCLAIMS

Counterclaims are your separate legal claims against the Plaintiff/Petitioner related to the issues in this case. Attach another form if you have more than 3 counterclaims.

These Counterclaims are incorporated into my Answer:

- A. I have a counterclaim against the Plaintiff/Petitioner (*state what you are claiming and the facts to support your claims*):

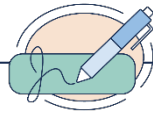
I ask the court to order:

- B. I have a counterclaim against the Plaintiff/Petitioner (*state what you are claiming and the facts to support your claims*):

I ask the court to order:

- C. I have a counterclaim against the Plaintiff/Petitioner (*state what you are claiming and the facts to support your claims*):

I ask the court to order:



SIGN

Under [735 ILCS 5/1-109](#), your signature means that you:

1) certify that everything in this document is true and correct, and 2) 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.

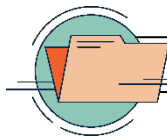
Your Signature /s/ _____ Print Your Name _____

Your Address _____
Street, Apt. # City State Zip Code

Your Phone Number _____ Attorney Number (if any) _____

Your Email (if you have one) _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.



File this form **at the same time** as your *Answer or Response*.