SUPRE I	COUNTERCLAIN	ИS	
STATE OF HANDS	(ANSWER OR RESPONSE)		
	IN THE STATE OF ILLINOIS		
COL	UNTY:		
	County Where You Are Fili		
Ente	er the case information as it appears o		
PLA	AINTIFF/PETITIONER OR IN RE:		
Who	o started the case.	First, Middle, and Last Name, or Business Name	
	ENDANTS/RESPONDENTS: to the case was filed against.		Case Number
		First. Middle, and Last Name. or Business Name	

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 or Response*. If you do not file your counterclaims at the same time as your *Answer*, you may not be able to file

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:

have a counterclaim against the Plaintiff/Petitioner (state what you are claiming and the facts to upport your claims):				
I ask the court to order:				
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:				

Case Number	 	

State

Zip Code

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					
	ILCS 5/1-109, my signatui	re means that:			
		ie and correct, or I have been informed or I b	pelieve it to be true and correct, and		
-		tatement on this form is perjury and has per			
If you are fill	ling out this form online, sig	n your name by typing it. If you are filling out thi	is form by hand, sign and print your name.		
Signature /	/s/	Print Name	Print Name		
☐ I am coi	mpleting this form for m	yself			
Phone Num	nber	Email (if you have one)			
Address					
	Street, Apt. #	City	State Zip Code		
		so you do not miss important information, court	·		
∐ I am a la	awyer completing this fo	orm on behalf of a client (Client name):			
Lawyer Nar	ne	Attorney Nu	mber		
Lawyer Pho	one Number	Law Firm			
Lawyer Ema	ail				
Address					



Street, Apt. #

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

City