

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ANSWER/RESPONSE TO COMPLAINT/PETITION	<i>For Court Use Only</i>
Instructions ▼ 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 your name as the Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	_____ Plaintiff / Petitioner <i>(First, middle, last name or Company)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

In 1, enter your full name. In 2, enter the number and letter of each paragraph and subparagraph in the Complaint/Petition. • Check “Admit” if you agree all of the statements in the paragraph are true; or • Check “Deny” if you disagree with any of the statements in the paragraph; or • Check “Do Not Know” if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.	<ol style="list-style-type: none"> My name is: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>First</i> <i>Middle</i> <i>Last</i> </div> and I am the Defendant/Respondent. My Answer/Response to Complaint/Petition is: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Paragraph Number</th> <th style="text-align: left;">Subparagraph Letter <i>(if applicable)</i></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/> Admit</td><td><input type="checkbox"/> Deny</td><td><input type="checkbox"/> Do Not Know</td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/> Admit</td><td><input type="checkbox"/> Deny</td><td><input type="checkbox"/> Do Not Know</td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/> Admit</td><td><input type="checkbox"/> Deny</td><td><input type="checkbox"/> Do Not Know</td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/> Admit</td><td><input type="checkbox"/> Deny</td><td><input type="checkbox"/> Do Not Know</td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/> 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If you run out of space, list additional paragraphs on an *Additional Paragraphs for Answer/Response to Complaint/Petition* form, check the box, and file it with this form.

[735 ILCS 5/2-605\(a\)](#) requires that if the Complaint/Petition is verified by oath that the *Answer/Response to Complaint/Petition* must also be verified.

[735 ILCS 5/2-610\(b\)](#) requires that you swear to a lack of knowledge if you cannot admit or deny any of the statements in the Complaint/Petition.

[IL Supreme Court Rule 137](#) requires the *Answer/Response to Complaint/Petition* be signed.

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.

_____ ☐ Admit ☐ Deny ☐ Do Not Know
 _____ ☐ Admit ☐ Deny ☐ Do Not Know

☐ I have listed additional statements on the *Additional Paragraphs for Answer/Response to Complaint/Petition* form.

If the Complaint/Petition is verified by oath, then I certify that my answers above are 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](#).

Where I answer “Do Not Know” to paragraphs in section 2, above, I certify that I do not have enough information to admit or deny the statements in these paragraphs. 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

 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.

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.

PROOF OF DELIVERY

1. I am sending the *Answer/Response to Complaint/Petition*

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

2. I am sending the *Answer/Response to Complaint/Petition*

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

- ☐ 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

Email

Telephone

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