



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 _____

1. NAME & INFORMATION

A. My name is: _____
First Middle Last Name

B. I am the:

☐ Plaintiff/Petitioner ☐ Defendant/Respondent

2. COMPLAINT OR PETITION TITLE

The title of the Complaint or Petition I am responding to is: _____

3. ANSWER OR RESPONSE TO COMPLAINT OR PETITION

Use this section to respond to each statement in the Complaint or Petition. You may respond that you:

- “Admit” which means you agree that all of the statements in the paragraph are true; or
- “Deny” which means you disagree with any of the statements in the paragraph; or
- “Do Not Know” which means you do not have enough information to truthfully admit or deny the statements.

You do not explain why you admit, deny, or do not know in this section. You will explain your reasons and present your evidence later in the case.

☐ A. The Complaint or Petition I am responding to has labeled (numbered or lettered) paragraphs.
Enter the number and letter of each paragraph and subparagraph in the Complaint or Petition.

Paragraph Number	Subparagraph Letter (if any)			
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know

Paragraph Number

Subparagraph Letter (if any)

_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know

☐ I have attached an *Additional Paragraphs for Answer or Response* form listing additional paragraphs.

- ☐ B. The Complaint or Petition I am responding to does not have labeled (numbered or lettered) paragraphs. I deny everything in the Complaint or Petition, except for the following statements in the Complaint or Petition, which I either admit or do not know.

Write down only the statements in the Complaint or Petition that you admit are true.

Write down only the statements in the Complaint or Petition that you do not know.

☐ I have attached an *Additional Paragraphs for Answer or Response* form listing additional statements I either admit, deny, or do not know.

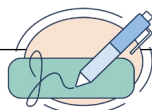
4. AFFIRMATIVE DEFENSES OR COUNTERCLAIMS

Complete this section only if you have affirmative defenses or counterclaims. There will not be affirmative defenses or counterclaims in every case. You should file these forms at the same time as your Answer. If you do not file at the same time as your Answer, you may not be able to file them later.

- **Affirmative Defenses** are your reasons why the other party should not win even if everything in their Complaint/Petition is true. There is no additional fee to file affirmative defenses.
- **Counterclaims** are your separate legal claims against the Plaintiff/Petitioner related to the issues in this case. There may be an additional fee to file counterclaims. [735 ILCS 5/2-608\(b\)](#) states that a counterclaim shall be part of the Answer and shall be designated as a counterclaim.

☐ I have affirmative defenses, and I have filed a separate *Affirmative Defenses* form that is part of my Answer.

☐ I have counterclaims, and I have filed a separate *Counterclaims* form that is part of my Answer.



Case Number _____

SIGN

Under Illinois Supreme Court Rule [137](#), my signature means that:

1) I read the document, 2) I have been informed and believe it is true and correct, and 3) I am not filing it to cause delay or for another bad reason.

If the Complaint/Petition is verified by oath or I answered "Do Not Know" to paragraphs in Section 3 above, then I certify that everything in this document is true and correct, and understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

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.

Signature /s/ _____ Print Name _____

☐ **I am completing this form for myself**

Phone Number _____ Email (if you have one) _____

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

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

☐ **I am a lawyer completing this form on behalf of a client** (Client name): _____

Lawyer Name _____ Attorney Number _____

Lawyer Phone Number _____ Law Firm _____

Lawyer Email _____

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

PROOF (EXPLANATION) OF DELIVERY

*This tells the judge how and when you will send your documents **to the other people in the case** under Rule [11](#). If a person in the case has a lawyer, **you must send your documents to their lawyer**. File this form with the Circuit Clerk, but do not list the Clerk below as a person you are sending your documents to.*

A. I am sending this Proof of Delivery and the following court documents:

Name of Documents

To: _____
Full Name or Law Firm Name

B. I am sending the documents:

☐ By **email** to this email address: _____

☐ Through an approved **e-filing website (EFSP)** to this email address: _____



You **must** send documents electronically (by email or through an EFSP) if you and the person you are sending documents to have an email address. If you or the person you are sending to do not have an email address, or if you have permission from the judge, you may send documents using the options below.

☐ I am sending the documents to this address:

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

By (check all that apply):

☐ Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

