



AFFIRMATIVE DEFENSES

(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.

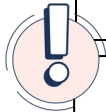
First, Middle, and Last Name, or Business Name

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 affirmative defenses in your case. There will not be affirmative defenses in every case.

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

AFFIRMATIVE DEFENSES

Affirmative Defenses are your reasons why the other party should not win even if everything in their Complaint or Petition is true. Attach another form if you have more than 3 affirmative defenses.

These affirmative defenses are incorporated into my Answer/Response:

A. Affirmative Defense: _____
Name of Affirmative Defense

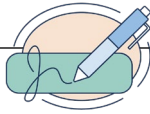
In support of this affirmative defense, I state the following facts:

B. Affirmative Defense: _____
Name of Affirmative Defense

In support of this affirmative defense, I state the following facts:

C. Affirmative Defense: _____
Name of Affirmative Defense

In support of this affirmative defense, I state the following facts:



SIGN

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

- 1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and
- 2) I 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.

Signature /s/ _____ Print Name _____

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

Phone Number _____ Email (if you have one) _____

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



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