



JURY REQUEST (CIVIL)

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



In some cases you can choose between a trial with a judge and a jury (a jury trial), or a trial with a judge only (a bench trial). If you would like a jury trial, you **must** file this *Jury Request* form. If you want a trial with a judge only (bench trial), do **not** file this *Jury Request* form.

The deadline for filing a *Jury Request* is different depending on the type of case and your situation. If you are the plaintiff, usually you must file a *Jury Request* at the same time you file the case. If you are the defendant, usually you must file a *Jury Request* at the same time as your *Appearance*.

1. NAME & INFORMATION

In B, check one box. The Plaintiff/Petitioner is the person who started the case. The Defendant/Respondent is the person or business who the case was filed against.

A. My name: _____

First, Middle, and Last Name

B. I am the:

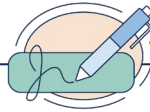
☐ Plaintiff/Petitioner ☐ Defendant/Respondent

2. JURY REQUEST

Check only one box. You do not have a right to jury trial in every case.

I would like a trial with:

☐ A judge and a 6-person jury ☐ A judge and a 12-person jury



SIGN

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

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

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.

3. PROOF OF DELIVERY

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to their lawyer.**

a. I am sending this document to:

Name: _____
First Middle Last Name

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

Email Address: _____

By: ☐ Electronically to the email address in **3a**:

☐ By email (*not through an EFSP*).

☐ Using an approved electronic filing service provider (EFSP).

☐ I or the person I am sending the document to do not have an email address. I am sending the document by:

☐ Mail or third-party carrier to the address in **3a**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

☐ Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

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

☐ Mail to the address in **3a**, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

b. ☐ I am not sending these documents to additional people.

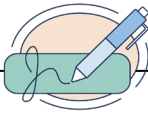
- OR -

☐ I am sending these documents to an additional person not listed in **3a**:Name: _____
First Middle Last NameAddress: _____
Street, Apt. # City State Zip Code

Email Address: _____

By: ☐ Electronically to the email address in **3b**:☐ By email (*not through an EFSP*).☐ Using an approved electronic filing service provider (EFSP).☐ I or the person I am sending the document to do not have an email address. I am sending the document by:☐ Mail or third-party carrier to the address in **3b**, with postage or delivery charge prepaid.Location of mailbox or third-party carrier: _____
City State☐ Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code☐ Mail to the address in **3b**, from a prison or jail: _____
Name of Prison or JailThis document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM☐ I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.**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.



WHAT'S NEXT

NEXT STEP FOR PERSON FILLING OUT THIS FORM:

After you fill out your forms, file them with the Circuit Clerk's office in the county where your case is taking place. Then, send your forms to the other people in the case. Find your Circuit Clerk: ilcourts.info/CircuitClerks.



Learn more about each step in the process and how to file in our Instructions:
ilcourts.info/appearance-instructions.

NEXT STEP FOR PERSON RECEIVING THIS DOCUMENT:

For more information about going to court including how to fill out and file forms, call or text **Illinois Court Help** at 833-411-1121 or go to ilcourthelp.gov.

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at ilao.info/glossary. You may also find more information, resources, and the location of your local legal self-help center at: ilao.info/lshc-directory.