

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

In **1**, check the box next to "Myself," if you are not an attorney. If you are an attorney, enter the name of your client in **1**, check the box next to "Their attorney," and enter your attorney or firm name in the blank.

**1. The appearance of** \_\_\_\_\_ **is entered in this case by:**

☐ Myself

☐ Their attorney:

\_\_\_\_\_  
*Attorney or Firm Name*

**2. I would like a trial with** *(check only one; you do not have a right to jury trial in every case):*

☐ a judge

☐ a judge and a 6-person jury

☐ a judge and a 12-person jury

Under Illinois Supreme Court Rule [137](#), your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

**IMPORTANT:**

If you are requesting a trial by jury and e-filing the form, you may need to e-file this form two separate times, once as an Appearance and once as a Jury Demand. Check with Illinois Court Help at [ilcourthelp.gov](http://ilcourthelp.gov) or call (833) 411-1121. You can also check with your local Circuit Clerk's office.

/s/

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Firm Name (if any)*

\_\_\_\_\_  
*Attorney # (if any)*

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.

If you are an attorney, enter your firm name and attorney number.

**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.

**PROOF OF DELIVERY****1. I am sending the *Appearance*****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 *Appearance*****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*

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.

In **c**, fill in the date and time that you are sending the document.

In **2**, if you are sending the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

In **2a**, 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 **2b**, 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

In **c**, fill in the date and time that you are sending the document.

If you are sending your document to more than 2 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

☐ I have completed an *Additional Proof of Delivery* form.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**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](#).**

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.

\_\_\_\_\_  
/s/  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

Enter your complete address, telephone number, and email address, if you have one.

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Firm Name (if any)*

\_\_\_\_\_  
*Attorney # (if any)*

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