

ADDITIONAL PROOF OF DELIVERY

IN THE STATE OF ILLINOIS, CIRCUIT COURT

Case	Νı	um	b	er	



Use this only if you are sending your court document to more than 2 people.

PROOF OF DELIVERY

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

First	Middle	Last Name	
Address:			
Street, Apt. #	City	State	Zip Code
Email Address:			
☐ Electronically to the email ac	ddress in C:		
By email (not through ar	n EFSP).		
Using an approved elect	ronic filing service provider (EFSP).	
 , , ,	the document to do not haver to the address in C , with phird-party carrier:	ostage or delivery o	harge prepaid.
Location of manbox of the	City		
	,		
Personal hand delivery a	t this address:		
NOTE: You can only deliver to the	party, party's family member over		
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code		
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail:		
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name	of Prison or Jail	
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name te:	of Prison or Jail Time:	
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name	of Prison or Jail Time:	
NOTE: You can only deliver to the AddressStre	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name te: Month, Day, Year	of Prison or Jail Time:	
NOTE: You can only deliver to the Address Stre Mail to the address in C, s document will be sent on: Da	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name te: Month, Day, Year	of Prison or Jail Time:	
NOTE: You can only deliver to the Address	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name ite: Month, Day, Year ments to additional people.	of Prison or Jail Time:	
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NOTE: You can only deliver to the Address	party, party's family member over et, Apt. #, City, State, and Zip Code from a prison or jail: Name ite: Month, Day, Year ments to additional people.	of Prison or Jail Time: Ir ot already listed:	

☐ I or the person I am sending the o ☐ Mail or third-party carrier to Location of mailbox or third-p	the address in D , with I	oostage or delivery o	charge prepaid	•	
	City			State	
Personal hand delivery at this NOTE: You can only deliver to the party, Address	party's family member over				
Street, Ap	t. #, City, State, and Zip Cod	e			
\square Mail to the address in D , from	າ a prison or jail:				
	Nam	e of Prison or Jail			
This document will be sent on: Date: _		Time: Include AM or PM			
	Month, Day, Year	In	Include AM or PM		
Under 735 ILCS 5/1-109, your signature med 1) certify that everything in this document this form is perjury and has penalties proved If you are filling out this form online, sign your tyour name.	is true and correct, an ided by law.				
Your Signature /s/	Print Your N	ame			
Your Address					
Street, Apt. #	City		State	Zip Code	
Your Phone Number	Attorney N	lumber (if any)			
Your Email (if you have one)					
Be sure to check your email every day so other parties.	you do not miss impor	tant information, co	urt dates, or d	ocuments from	



File this form with your *Proof of Delivery*.