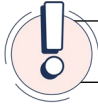




ADDITIONAL PROOF OF DELIVERY

IN THE STATE OF ILLINOIS, CIRCUIT COURT

Case Number _____



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**.

C. I am sending this *Proof of Delivery* and the previously listed court documents to an additional person:

Name: _____
First Middle Last Name

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

Email Address: _____

By: ☐ Electronically to the email address in C:

☐ 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 them by:

☐ Mail or third-party carrier to the address in C, 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 C, 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

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

- OR -

☐ I am sending these documents to an additional person not already listed:

Name: _____
First Middle Last Name

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

Email Address: _____

By: ☐ Electronically to the email address in D:

☐ 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 them by:

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

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

☐ Personal hand delivery at this address:

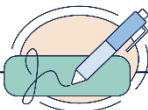
NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office
Address _____

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

☐ Mail to the address in **D**, 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



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.

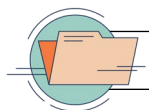
Your Signature /s/ _____ Print Your Name _____

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.



File this form with your *Proof of Delivery*.