This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT COUNTY		ADDITIONAL DEFENDANTS (SMALL CLAIMS COMPLAINT)		For Court Use Only	
Instructions ▼				_	
Directly above, enter the name of the county where you are filing the case.	Plaintiff (First, middle, last name)				
Enter your name as Plaintiff.	V.				
Enter the names of all people or businesses you are suing as Defendants.	Defendants (First, middle, last name or business name):			Case Number	
The Circuit Clerk will add a Case Number.					
Fill out this form only if you have more than 2 Defendants. If you fill it out, attach this form to your Small Claims Complaint.	Defendant #3's name and address is: Name				
	Street, Unit #		City	State	ZIP
	Defendant #4	I's name and address is:	Name		
	Street, Unit #		City	State	ZIP
	Defendant #5	5's name and address is:	Name		
	Street, Unit #		City	State	ZIP
	Defendant #6	S's name and address is:	Name		
	Street, Unit #		City	State	ZIP
	Defendant #7	7's name and address is:	Name		
	Street, Unit #		City	State	ZIP
	Defendant #8	3's name and address is:	Name		
	Street, Unit #		City	State	ZIP
	Defendant #9	o's name and address is:	Name		
	Street, Unit #		City	State	ZIP