

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	NOTICE OF MOTION TO VACATE DEFAULT JUDGMENT OF FORECLOSURE	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the bank or mortgage company as Plaintiff. Enter your names as Defendants. Enter the Case Number from the Complaint you received.	_____ Plaintiff <i>(Name of Bank or Mortgage Company)</i> v. _____ Defendants	_____ Case Number

In **1a**, enter the date and time of your hearing. The Circuit Clerk will give you the date and time of the hearing when you file your *Motion*.

In **1b**, enter the address of the court and court room number for the hearing.

1. Hearing Information

I filed a *Motion to Vacate Default Judgment of Foreclosure* with the court.

The hearing for the *Motion* I filed is scheduled for:

a. Date: _____, 20____ Time: _____ ☐ a.m. ☐ p.m.

b. Address: _____
 Street City State ZIP

Court Room: _____

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.

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 current address and telephone number.

I certify that everything in the *Notice of Motion to Vacate Default Judgment of Foreclosure* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ _____
 Your Signature

 Street Address

 Print Your Name

 City, State, ZIP

 Telephone

PROOF OF DELIVERY

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

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

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

1. I sent this document:

a. To:

Name: _____

*First**Middle**Last*

Address: _____

*Street, Apt #**City**State**ZIP*

Email address: _____

b. By: ☐

Personal hand delivery

☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:_____
Address of Post Office or Mailbox☐ Third-party commercial carrier, with delivery paid for at:_____
Name (for example, FedEx or UPS) and office address☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)☐ Email (*not through an EFM or EFSP*)☐ Mail from a prison or jail at:_____
Name of prison or jail

c. On: _____

*Date*At: _____ ☐ a.m. ☐ p.m.*Time*

2. I sent this document:

a. To:

Name: _____

*First**Middle**Last*

Address: _____

*Street, Apt #**City**State**ZIP*

Email address: _____

b. By: ☐

Personal hand delivery

☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:_____
Address of Post Office or Mailbox☐ Third-party commercial carrier, with delivery paid for at:_____
Name (for example, FedEx or UPS) and office address☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)☐ Email (*not through an EFM or EFSP*)☐ Mail from a prison or jail at:_____
Name of prison or jail

c. On: _____
Date

At: _____ ☐ a.m. ☐ p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in **a**, **b**, and **c**. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: ☐ Personal hand delivery

☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

☐ Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐ Email (not through an EFM or EFSP)

☐ Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ ☐ a.m. ☐ p.m.
Time

If you sent your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

☐ I have attached 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.

After you finish this form, sign and print your name.

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.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ _____
Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone