			Enter the	e Case Number gi	ven by the Ci	rcuit Clerk:			
Each Defendant on the form must sign and print their name, current addresses and phone number.	City			Stat	e	ZIP	Phone		
	Defendant	Signature			ame	me			
Check if you need more room and file the <i>Additional</i>	Street Add	Iress, Apt‡	#						
Defendant Signatures, Names, & Addresses with this form.	City Def	endants h	ave attached	State ZIP Phone the Additional Defendant Signatures, Names, & Addresses Middle Last City State ZIP d delivery t-Class Mail, put into the U.S. Mail with postage paid at: st Office or Mailbox commercial carrier, with delivery paid for at: mple, FedEx or UPS) and office address lectronic filling manager (EFM) or an approved electronic filling der (EFSP) pugh an EFM or EFSP) rison or jail at: n or jail a.m.					
	PROOF	OF DE	LIVERY						
In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.	1. I sen	t this doc							
In 1b , check the box to show how you sent the		Name:	First		Middle		Last		
document, and fill in any other information required on the blank lines.		Address: Email add	Street, Apt	#		City	Sta	te	ZIP
CAUTION: If the other party does not have a lawyer, you may send the document by email	b. E		_	st-Class Mail, p		U.S. Mail with	h postage paid	l at:	
only if the other party has listed their email address on a court			Third-party o	commercial car	rrier, with d	elivery paid fo	or at:		
	Name (for example, FedEx or UPS) and office address								
			service prov Email <i>(not th</i>	ider (EFSP)	or EFSP)	(EFM) or an a	pproved electi	onic fi	iling
In c, fill in the date and time that you sent the document.		On:	Name of priso	on or jail					
	,	At: <i>Time</i>	<u> </u>] a.m. □	p.m.				
In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c.	2. I sen	t this doc	ument:						
Otherwise leave 2 blank.		Го: Name:	Fin-1		N AI: -1 -11		11		
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					Regular, First-Class Mail, put into the U.S. Mail with postage paid at:							
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					Third-party commercial carrier, with delivery paid for at:							
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3 parties or lawyers,							,,					
check the box and file he <i>Additional Proof of</i>												
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Enter the Case Number given by the Circuit Clerk: ___