

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY		MOTION	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of the county where the case was filed.		_____ Plaintiff / Petitioner (<i>First, middle, last name</i>)	_____ Case Number
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.			
Enter the name of the person being sued as Defendant/Respondent.		V.	
Enter the Case Number given by the Circuit Clerk.		_____ Defendant / Respondent (<i>First, middle, last name</i>)	

In 1, check if you are the Plaintiff/Petitioner or Defendant/Respondent.

1. **Motion by:** Plaintiff/Petitioner Defendant/Respondent

In 2, enter what you are asking the court for with this *Motion*.

2. **Motion for:** _____

In the lines write what you are asking the court to do, and the reasons why the judge should agree with you.

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 *Motion* 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.

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: _____

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.

- 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* form with this form.

- I have completed an *Additional Proof of Delivery* form.

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 /s/
Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone