

<p>Instructions ▼</p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> <p>Enter the appellate court case number.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as they appeared in the trial court documents. Below each party name check either Appellant if the party filed the appeal or Appellee if the party is responding to the appeal.</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<div style="border: 1px solid black; padding: 10px;"> <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). </div> <div style="text-align: center; margin-top: 20px;"> <p>Appellate Case No.: _____</p> <p>IN THE APPELLATE COURT OF</p> <p>ILLINOIS</p> <p>_____ District</p> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 60%; padding: 10px; vertical-align: top;"> <p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> </td> <td style="width: 40%; padding: 10px; vertical-align: top;"> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>
<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>		

BYSTANDER'S REPORT

<p>In 1, enter all of the hearing or trial dates that you will describe in this <i>Bystander's Report</i>. You also must enter the time each hearing or trial started and the name of the judge.</p>	<p>1. Dates of Hearing or Trial:</p> <p>a. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>b. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>c. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>d. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>e. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>f. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p> <p>g. Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Judge: _____</p>
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In 2, describe exactly what the judge, the parties, the witnesses, and the lawyers said or did in court during the hearings or trial, including any rulings the judge made. Be sure to include the date of each hearing. Use as much detail as you can. It is best to describe things in the order that they happened.

2. This is what happened in my case, starting with the first hearing listed above and ending with the final ruling made by the judge. Specifically:

[illegible]

If you need more room, check the box and fill out an *Additional Bystander's Report Information* form. Insert it after this page.

☐ I have completed an *Additional Bystander's Report Information* form.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

Enter your address
and telephone
number.

/s/ _____
Your Signature

Street Address

Print Your Name _____

City, State, ZIP

Telephone _____

DO NOT fill out this section. The judge will sign and date the form here.

APPROVED

Judge

Date _____

PROOF OF DELIVERY (You must serve the other party and complete this section)

In **A**, enter the name, mailing address, and email address of the person you are sending the document to under Rule [11](#). If they have a lawyer, you **must** enter the lawyer's information.

Then, check the box to show how you are sending the document.

A. I am sending this *Bystander's Report***To:**

Name:

*First**Middle**Last*

Address:

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

Email address: _____

By:☐Electronically to the email address in **A**:☐Email (*not through an EFSP*).☐

Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

☐

I or the person I am sending the document to do **not** have an email
I am sending the document by (*choose one*):

☐

Mail or third-party carrier to the address in **A**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

*Address or Intersection**City**State*☐

Personal hand delivery at this address:

(*Note: You can only deliver it to the party, the party's family member over 13 at the party's residence, the party's lawyer, or the party's lawyer's office.*)

Address – Street, Apt #, City, State, and Zip Code

☐

Mail to the address in **A**, from a prison or jail at:

Name of Prison or Jail

Fill in the date and time that you are sending the document.

This document will be sent on:

Date:

Month, Day, Year

Time:

*Include AM or PM***B.**☐

I am **not** sending this *Bystander's Report* to another person or lawyer.

☐

I **am** sending this *Bystander's Report* to an additional person or lawyer, not listed in **A**:

To:

Name:

*First**Middle**Last*

Address:

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

Email address: _____

By:☐Electronically to the email address in **B**:☐Email (*not through an EFSP*).☐

Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

In **B**, if you are **not** sending it to a 2nd person or lawyer, check the box and leave the rest of **B** blank. If you **are** sending it to more than 1 person, check the second box and enter their name, mailing address, and email address. If the other person has a lawyer, you **must** enter the lawyer's information.

Then, check the box to show how you are sending the document.

- ☐ I or the person I am sending the document to do **not** have an email I am sending the document by (*choose one*):
- ☐ Mail or third-party carrier to the address in **B**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

Address or Intersection City State

- ☐ Personal hand delivery at this address:
(*Note: You can only deliver it to the party, the party's family member over 13 at the party's residence, the party's lawyer, or the party's lawyer's office.*)

Address – Street, Apt #, City, State, and Zip Code

- ☐ Mail to the address in **B**, from a prison or jail at:

Name of Prison or Jail

Fill in the date and time that you are sending the document.

In **C**, if you are **not** sending it to a 3rd person or lawyer, check the box and leave the rest of **C** blank. If you **are** sending it to another person, check the second box and enter their name, mailing address, and email address. If the other person has a lawyer, you **must** enter the lawyer's information.

Then, check the box to show how you are sending the document.

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year Include AM or PM

- C.** ☐ I am **not** sending this *Bystander's Report* to another person or lawyer.
☐ I **am** sending this *Bystander's Report* to an additional person or lawyer, not listed in **A or B**:

To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

- By:** ☐ Electronically to the email address in **C**:
☐ Email (*not through an EFSP*).
☐ Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

- ☐ I or the person I am sending the document to do **not** have an email I am sending the document by (*choose one*):
- ☐ Mail or third-party carrier to the address in **C**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

Address or Intersection City State

- ☐ Personal hand delivery at this address:
(*Note: You can only deliver it to the party, the party's family member over 13 at the party's residence, the party's lawyer, or the party's lawyer's office.*)

Address – Street, Apt #, City, State, and Zip Code

- ☐ Mail to the address in **C**, from a prison or jail at:

Name of Prison or Jail

Fill in the date and time that you are sending the document.

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year Include AM or PM

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

- ☐ I am sending the *Bystander's Report* to more than 3 people and have completed 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.

Under [735 ILCS 5/1-109](#), my signature means:

1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and 2) I 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.

/s/

Your Signature

Print Name

- ☐ I am completing this form for myself.

Phone Number

Email (if you have one)

Street Address

City, State, ZIP

GETTING COURT DOCUMENTS BY EMAIL: Be sure to check your email every day so you do not miss important information or documents from other parties or from the court.

- ☐ I am a lawyer completing this form on behalf of a client.

(Client name): _____

Only complete this section if you are a licensed attorney completing the form.

Lawyer Name

Attorney Number

Lawyer Phone Number

Law Firm

Lawyer Email

Lawyer Address