

<p><b>Instructions ▼</b></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, check <b>Appellant</b> for the party filing the appeal and check <b>Appellee</b> for the party responding to the appeal.</p> <p>At the far right, enter the trial court county, trial court case number, the trial judge's name, date of the notice of appeal, date of the judgment, date of the ruling on any post-judgment motion, and the Supreme Court Rule that allows the appellate court to hear the appeal.</p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b> </div> <p style="text-align: center; margin: 20px 0;">Appellate Case No.: _____</p> <p style="text-align: center; margin: 20px 0;"><b>IN THE APPELLATE COURT OF ILLINOIS</b></p> <p style="text-align: center; margin: 20px 0;">_____ District</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 65%; padding: 5px; vertical-align: top;"> <p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> in the trial court (<i>First, middle, last name</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p style="text-align: center;">v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Defendant/Respondent</b> in the trial court (<i>First, middle, last name</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> </td> <td style="width: 35%; padding: 5px; vertical-align: top;"> <p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No:</b> _____</p> <p><b>Trial Judge:</b> _____</p> <p><b>Date of Notice of Appeal or Petition for Leave to Appeal:</b> _____</p> <p><b>Date Judgment was entered:</b> _____</p> <p><b>Date Post-Judgment Motion was ruled on:</b> _____</p> <p><b>Supreme Court Rule:</b> _____</p> </td> </tr> </table>	<p><b>In re</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> in the trial court (<i>First, middle, last name</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p style="text-align: center;">v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Defendant/Respondent</b> in the trial court (<i>First, middle, last name</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No:</b> _____</p> <p><b>Trial Judge:</b> _____</p> <p><b>Date of Notice of Appeal or Petition for Leave to Appeal:</b> _____</p> <p><b>Date Judgment was entered:</b> _____</p> <p><b>Date Post-Judgment Motion was ruled on:</b> _____</p> <p><b>Supreme Court Rule:</b> _____</p>
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<p>In 1, check "Yes" if this appeal is related to another appeal and write the docket (case) number of any other appeal. Check "No" if this appeal is not related to another appeal.</p>	<p style="text-align: center;"><b>DOCKETING STATEMENT (CIVIL)</b></p> <p><b>1.</b> Is this a cross-appeal, separate appeal, joining in a prior appeal, or related to another appeal that is currently pending or that has been decided by this court?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, list the docket numbers of the other appeals: _____</p>
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In 2, if any party, either appellant or Appellee, is a corporation or business association, write the name of any company related to that corporation or business association.

In 3, enter your full name and other contact information. If there are other appellants besides you, include all their names and contact information on the *Additional Appellant Information* form and attach it to this *Docketing Statement (Civil)* and put a check in the box. If you have a lawyer, fill in their information below "Lawyer on Appeal for appellant filing this statement." If there is more than one lawyer for the appellants, check the box and fill out the *Additional* form. Insert it after this page.

In 4, you must enter the full name and contact information for all appellees you are filing your appeal against. If there is more than one appellee, include all their names and contact information on the *Additional Appellee Information* form and put a check in the box. You must also enter the full name and contact information for each lawyer. If you don't know the name of an appellee's lawyer, fill in the name and address of their trial lawyer. If there is more than one appellee or more than one lawyer for the appellee, check the box and fill out the *Additional Lawyer on Appeal Information* form. Insert it after this page.

2. If any party is a corporation or association, identify any affiliate, subsidiary, or parent group:

3. Full name and complete address of appellant filing this statement:

<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>Street, Apt #</i>		<i>Telephone number</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>
		<i>Email address</i>

☐ I have listed additional appellants on the *Additional Appellant Information* form.

Lawyer on Appeal for appellant filing this statement:

<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>Street, Apt #</i>		<i>Telephone number</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>
		<i>Email address</i>
<i>Attorney #</i>		<i>Firm Name</i>

☐ I have listed additional lawyers on the *Additional Lawyer on Appeal Information* form.

4. Full name and complete address of appellee:

<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>Street, Apt #</i>		<i>Telephone number</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>
		<i>Email address</i>

☐ I have listed additional appellees on the *Additional Appellee Information* form.

Lawyer for appellee:

<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>Street, Apt #</i>		<i>Telephone number</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>
		<i>Email address</i>
<i>Attorney #</i>		<i>Firm Name</i>

☐ I have listed additional lawyers on the *Additional Lawyer on Appeal Information* form.

In **5**, enter the name and address of the court reporter who recorded the hearing in the trial court. If the hearing was electronically recorded, contact the trial court clerk's office to order the transcript. If there was no court reporter or recording, then leave **5** blank.

In **6**, check "Yes" if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child. There are special rules that apply to speed up these appeals.

In **7**, briefly write down your reasons for filing this appeal. If you don't list a reason here, you will still be able to bring it up later.

In **8a**, enter the date you filed your *Request for Preparation of Record on Appeal* with the trial court.

In **8b**, enter the date you delivered your Request for Report of Proceedings (Transcripts) to the court reporter you listed above in **5**. If there was no court reporter or recording, leave **8b** blank.

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. Fill in your address, telephone number, and email address, if you have one.

**5. Court reporter information:**

<i>First</i>	<i>Middle</i>	<i>Last</i>	
<i>Street Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Telephone</i>		<i>Email address</i>	

- ☐ I have listed additional court reporters on the *Additional Court Reporter Information* form.  
(If there was more than one court reporter, check the box above and fill out the *Additional Court Reporter Information* form. Insert it after this page.)

**6. Is this appeal from a final order in a matter involving child custody, allocation of parental responsibilities, or relocation of a minor child under Illinois Supreme Court Rule 311(a), which requires **Mandatory Accelerated Disposition**?**

☐ Yes ☐ No

If yes, this *Docketing Statement (Civil)*, and all other notices, briefs, motions, and pleadings filed by any party shall include the following statement in bold type on the top of the front page:

**THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).**

**7. State the general issues you want to raise in your appeal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. I certify that**

- a. on this date \_\_\_\_\_ I filed a request with the trial court clerk to  
*Date*  
prepare the record on appeal, a copy of which is attached to this *Docketing Statement*.
- b. on this date \_\_\_\_\_ I made a written request to the court  
*Date*  
reporting personnel to prepare the transcripts, a copy of which is attached to this *Docketing Statement*.

/s/ \_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Firm Name (if any)*

\_\_\_\_\_  
*Attorney # (if any)*

**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.

**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 *Docketing Statement***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 address. 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 *Docketing Statement* to another person or lawyer.

☐

I **am** sending this *Docketing Statement* 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 2<sup>nd</sup> 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.

In **C**, if you are **not** sending it to a 3<sup>rd</sup> 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.

- Name of Prison or Jail

☐ Using an approved electronic filing service provider (EFSP).

Name of Prison or Jail

**This document will be sent on:**

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

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 *Docketing Statement* 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.

Enter your complete address, telephone number, and email address, if you have one.

\_\_\_\_\_  
*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*