Instructions -	THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEN	DITED DISPOSITION UNDER
Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child. Enter the appellate court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	RULE 311(a). Appellate Case No.: IN THE APPELLATE COURT OF ILLINOIS District	
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. 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 appeal.	In re Plaintiffs/Petitioners in trial court (<i>First, middle, last names</i>): Appellants Appellees v. Defendants/Respondents in trial court (<i>First, middle, last names</i>): Appellants Appellees	Appeal from the Circuit Court ofCounty Trial Court Case No: Trial Judge: Date of Notice of Appeal: Date Judgment was entered: Date Post-Judgment Motion was ruled on: Supreme Court Rule:
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	 DOCKETING STATEMENT (CIVIL) 1. Is this a cross-appeal, separate appeal, joining in a prior ap that is currently pending or that has been decided by this co Yes No If yes, list the docket numbers of the other appeals: 	

appeal.

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.

2.

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.

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:

First	Middle		Last	
Street, Apt #			 Telephone number	
City	State	ZIP	 Email address	

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

Lawyer on Appeal for appellant filing this statement:

First	Middle		Last
Street, Apt #			Telephone number
City	State	ZIP	Email address
Lawyer Registration Nu	mber		Fax number

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

4. Full name and complete address of appellee:

First		Middle	Last
Street, Apt #			Telephone number
City	State	ZIP	Email address

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

Lawyer for appellee:

First		Middle	Last	
Street, Apt #			Telephone number	
City	State	ZIP	Email address	
Lawyer Registration N	lumber		Fax number	

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

Enter the Case Number given by the Appellate Clerk:

In 5, enter the name 5 . and address of the	Court reporter information	on:			
court reporter who recorded the hearing in the trial court. If the	First	Middle		Last	
hearing was electronically	Street Address		City	State	Zip
recorded, contact the trial court clerk's	Telephone		Email address		
office to order the transcript. If there was no court reporter or		dditional court reporte	ers on the Add	itional Court Repo	rter Information
recording, then leave 5 blank. In 6, check "Yes" if		ore than one court repor Information form. Insert			the Additional
your case involves parental responsibility or parenting time	Is this appeal from a fin responsibilities, or reloc		-	•	•
(custody/visitation rights) or relocation	which requires Mandat ☐ Yes ☐ No	ory Accelerated Dis	position?		
of a child. There are special rules that apply to speed up	If yes, this <i>Docketing</i> S				
these appeals.	filed by any party shall page:	Include the following s	statement in D	old type on the top	o of the front
In 7, briefly write down your reasons for filing this appeal.	THIS APPEAL INV UNDER RULE 311	OLVES A MATTER \$ (a).	SUBJECT TO	EXPEDITED DIS	POSITION
If you don't list a reason here, you will still be able to bring it up later.	State the general issue	es you want to raise in	your appeal:		
In 8a , enter the date					
you filed your Request for Preparation of					
Record on Appeal with the trial court. 8.	I certify that				
In 8b , enter the date you delivered your	a. on this date		l filed a re	equest with the tria	I court clerk to
Request for Report of Proceedings	prepare the appea	al record on appeal.			
(Transcripts) to the court reporter you listed above in 5 . If there was	b. on this date	ate	I made a	written request to	the court
no court reporter or recording, leave 8b		iel to prepare the tran	scripts, a copy	of which is attach	ed to this
blank.	Docketing Statem	nent.			
this form on a computer, sign your /s/					
name by typing it. If You you are completing it	ur Signature	<u> </u>	Street Address	3	
telephone number,	nt Your Name		City, State, ZIF	2	
and email address, if you have one. Ema	ail		Telephone		Attorney # (if any)

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

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

In 1a , enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.	1.	l sei a.	nt this docu To: Name:	First	Middle	Le	ast
In 1b , check the box to show how you sent the document, and fill in any other information required on the blank lines. In 1b , check the box to show how you are sending the document. CAUTION: If you and the person you are sending the document to have an email address, you must use one of the first two options. Otherwise, you may use one of the other options.		b.	Email Only use o sending the Perso Perso TI TI TI TI TI TI TI	proved electronic f (not through an EFS ne of the methods be e document to does i nal hand delivery t he party	elów if you do not have an not have an email address o: ember who is 13 or olde office	email address, or t	
In 1c , fill in the date and time that you sent the document.		С.	On: Date At: Time	e a.m	n. 🗌 p.m.		
In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.	2.	l sei a.	nt this docu To: Name: Address:	First	Middle	La	
			Email add	<i>Street, Apt #</i> lress:	City		ZIP
In 2b , check the box to show how you are sending the document. CAUTION: If you and the person you are sending the document to have an email address, you must use one of the first two options. Otherwise, you may use one of the other options.		b.	Email Only use o sending the Perso Th Th	(not through an EFS ne of the methods be e document to does n nal hand delivery t he party	elow if you do not have an not have an email address o: ember who is 13 or olde office	email address, or t	
		C.	On: Date At:	a.m	n. 🗌 p.m.		

			Enter the Ca	ase Number given by the App	ellate Clerk:	
In 3 , if you sent the document to more than 1 party or lawyer, fill in a , b , and c . Otherwise leave 2 blank.	3. Ise a.	ent this docu To: Name: Address: Email add	First Street, Apt #	<i>Middle</i> City	Las State	t ZIP
In 3b , check the box to show how you are sending the document. CAUTION: If you and the person you are sending the document to have an email address, you must use one of the first two options. Otherwise, you may use one of the other options.	b.	Email Only use of sending th Perso T T T T T T T T	(not through an El one of the methods e document to doe onal hand delivery he party	below if you do not have a s not have an email addre y to: member who is 13 or o 's office	an email address, or th ess.	
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Under the Code of Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u> , 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 by hand and print your name.	a false under /s/ Your Si	statement (7 <u>35 ILCS 5/</u>	on this form is p	of of Service is true an erjury and has penaltic		and that