

<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><input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;">IN THE APPELLATE COURT OF ILLINOIS</p> <p style="text-align: center;">_____ District</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>In re _____</p> <p>Plaintiffs/Petitioners in trial court (<i>First, middle, last names</i>):</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>_____</p> <p>_____</p> <p>v.</p> <p>Defendants/Respondents in trial court (<i>First, middle, last names</i>):</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>_____</p> <p>_____</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No: _____</p> <p>Trial Judge: _____</p> <p>Date of Notice of Appeal: _____</p> <p>Date Judgment was entered: _____</p> <p>Date Post-Judgment Motion was ruled on: _____</p> <p>Supreme Court Rule: _____</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>		

<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;">DOCKETING STATEMENT (CIVIL)</p> <p>1. 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>Lawyer Registration Number</i>		<i>Fax number</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>Lawyer Registration Number</i>		<i>Fax number</i>

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

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.

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.

In **1c**, 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.

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.

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By:

An approved electronic filing service provider (EFSP)

Email (*not through an EFSP*)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

Personal hand delivery to:

The party

The party's family member who is 13 or older, at the party's residence

The party's lawyer

The party's lawyer's office

Mail or third-party carrier

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: _____

b. By:

An approved electronic filing service provider (EFSP)

Email (*not through an EFSP*)

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