

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ANSWER TO COMPLAINT FOR FORFEITURE (NOT INVOLVING DRUGS OR MONEY LAUNDERING)	For Court Use Only
Instructions ▼	State of Illinois v. _____ Description of property taken _____ Claimant (First, middle, last name)	_____ Case Number
Enter above, the county name where the case was filed.		
Describe the property taken.		
Enter your name as Claimant.		
Enter the Case Number given by the Circuit Clerk.		

In 1 , enter your full name.
In 2 , enter the number and letter of each paragraph and subparagraph in the Complaint.
<ul style="list-style-type: none"> • Check “Admit” if you agree all of the statements in the paragraph are true; or • Check “Deny” if you disagree with any of the statements in the paragraph; or • Check “Do Not Know” if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.

1. I am the claimant. My name is: _____
Name
2. My Answer to Complaint for Forfeiture is:
- | Paragraph Number | Subparagraph Letter (if applicable) | | | |
|------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------------------------|
| _____ | _____ | <input type="checkbox"/> Admit | <input type="checkbox"/> Deny | <input type="checkbox"/> Do Not Know |
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| _____ | _____ | <input type="checkbox"/> Admit | <input type="checkbox"/> Deny | <input type="checkbox"/> Do Not Know |
| _____ | _____ | <input type="checkbox"/> Admit | <input type="checkbox"/> Deny | <input type="checkbox"/> Do Not Know |

[735 ILCS 5/2-605\(a\)](#) requires that if the Complaint is verified by oath that the Answer to Complaint/Petition must also be verified.

[735 ILCS 5/2-610\(b\)](#) requires that you swear to a lack of knowledge if you cannot admit or deny any of the statements in the Complaint.

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 address, telephone number, and email address, if you have one.

If the Complaint is verified by oath, then I certify that my answers above are 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](#).

Where I answer "Do Not Know" to paragraphs in section 2, above, I certify that I do not have enough information to admit or deny the statements in these paragraphs. 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/	
<i>Your Signature</i>	<i>Street Address</i>
<i>Print Your Name</i>	<i>City, State, ZIP</i>
<i>Telephone</i>	<i>Email</i>

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.

In 2, enter the date you send this form to the other parties. You must send this form by 5:00 p.m. on the same day it was filed with the Circuit Clerk.

Proof of Delivery

- 1. I am sending the *Answer to Complaint for Forfeiture (Not Involving Drugs or Money Laundering)*
- 2. At or before 5:00 P.M. on: _____
Date
- 3. To: _____ County State's Attorney:
County Name

Address: _____
Street Address City State ZIP

Email: _____

- By: The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (*not through an EFM or 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

In 3, enter the State's Attorney Office where you are sending a copy of this form.

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 4, enter the lien holder's information where you are sending a copy of this form. A **lien holder** is the person/company to whom you are making your car loan payments. If there is none, leave blank.

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.

4. To the lien holder of the vehicle:
Name: _____
First Middle Last
Address: _____
Street Address City State ZIP
Email: _____

- By: The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
 Email (not through an EFM or 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

In 5, send copies of the document to anyone else with an interest in any of the property taken. For example, a co-owner. If there is none, leave blank.

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.

5. To other people with an interest in the property:
Name: _____
First Middle Last
Address: _____
Street Address City State ZIP
Email: _____

- By: The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
 Email (not through an EFM or 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 commercial carrier
 I have attached 1 or more *Additional Proof of Delivery (Civil Asset Forfeiture)* forms

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

I certify that everything in the *Proof of Delivery* 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](#).

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.

/s/ _____ *Your Signature*

Print Your Name

Telephone

Street Address

City, State, ZIP

Email