

Instructions ▼		
Enter the Appellate Court case number.	<div>Appellate Case No.: _____</div>	
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	<div> <div>IN THE APPELLATE COURT OF</div> <div>ILLINOIS</div> <div>_____ District</div> </div>	
<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 Appellant for the party filing the appeal and check Appellee 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. </p>	<div> <div>In re _____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div> Plaintiff/Petitioner in the trial court (<i>First, middle, last name</i>) </div> <div> <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div> <div>v.</div> <div>_____</div> <div>_____</div> <div>_____</div> <div> Defendant/Respondent in the trial court (<i>First, middle, last name</i>) </div> <div> <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div> </div>	<div> <div>Appeal from the Circuit Court of _____ County</div> <div>Trial Court Case No: _____</div> <div>Honorable _____</div> <div>Judge, Presiding</div> </div>

<p>In 1, enter your name. Then select all the boxes (mailing address, email address, or both) that apply for the information you are updating.</p>	<p style="text-align: center;">NOTICE OF CHANGE OF ADDRESS</p> <p>1. Please take notice of the following change of address for:</p> <p>Name: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <i>First</i> <i>Middle</i> <i>Last Name</i> </div> <p>Business or Firm Name (if applicable): _____</p> <p>Select all boxes that apply for the information you are updating with the court.</p> <p><input type="checkbox"/> New Mailing Address:</p> <p>_____</p> <p><i>Street, Apt #</i></p> <p>_____</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <i>City</i> <i>State</i> <i>ZIP</i> </div> <p><input type="checkbox"/> New Email Address:</p> <p>_____</p>
<p>In 2, select only one box to show who you are in this appeal.</p>	<p>2. I AM THE <i>(check only one box)</i></p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div> <p><input type="checkbox"/> Attorney for: _____</p> <p><input type="checkbox"/> Other: _____</p>

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.

/s/ _____
Your Signature _____ *Street Address* _____

_____ *City, State, ZIP* _____
Print Your Name _____

_____ *Telephone* _____
Email _____

_____ *Attorney # (if any)* _____
Firm Name (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)*

A. I am sending the *Notice of Change of Address*:

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 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

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

Fill in the date and time that you are sending the document.
In C , if you are not sending it to a 3 rd 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.

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.

Enter the Appellate Court Case Number: _____

☐ 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 **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

This document will be sent on:

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

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

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 *Notice of Change of Address* 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.

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

☐ I am a lawyer completing this form on behalf of a client (Client name) _____

Lawyer Name

Attorney Number

Lawyer Phone Number

Law Firm

Lawyer Email

Lawyer Address