



NOTICE OF COURT DATE FOR EMERGENCY MOTION TO CLAIM EXEMPTION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____
County Where the Case Was Filed

Enter the case information as it appears on the Citation form.

PLAINTIFF: _____
Who started the case. First, Middle, and Last Name, or Business Name

DEFENDANT: _____
Who the case was filed against. First, Middle, and Last Name, or Business Name

RESPONDENT: _____
Bank. Bank's Name

Case Number



1. COURT DATE INFORMATION

Information about getting a court date and how to attend is available from the Circuit Clerk. You can find their contact information at ilcourts.info/clerks. If you are e-filing in Cook County, you may get the court date when you e-file.

- A.** The reasons for this court date are listed in the attached *Emergency Motion to Claim Exemption*.
The court date for the *Emergency Motion to Claim Exemption* I filed is scheduled for:

_____ at _____ ☐ a.m. ☐ p.m. in _____.
Month, Day, Year Time Courtroom Number

Court dates may be scheduled in-person, remotely or a combination of in-person and remotely. Find out how your court date will be scheduled and provide that information here. Add the Clerk's phone number and website.

- B.** Attend court in any of the ways checked:

☐ **In person at:** _____
Courtroom Address Courtroom Number

☐ **Remotely** (video or telephone option)

By video conference at: _____
Video Conference Website

Log-in information: _____
Video Conference Log-in Information, Meeting ID, Password, etc.

By telephone at: _____
Call-in Number for Telephone Remote Appearance

To find out more about remote court options:

Phone: _____ or Website: _____
Circuit Clerk's Phone Number Website URL

PROOF (EXPLANATION) OF DELIVERY

This tells the judge how and when you will send your documents **to the other people in the case** under Rule [11](#). If a person in the case has a lawyer, **you must send your documents to their lawyer**. File this form with the Circuit Clerk, but do not list the Clerk below as a person you are sending your documents to.

- A. I am sending this Proof of Delivery, the Emergency Motion to Claim Exemption, and Notice of Court Date for Emergency Motion to Claim Exemption**

To: _____
Full Name or Law Firm Name

- B. I am sending the documents:**

☐ By **email** to this email address: _____

☐ Through an approved **e-filing website (EFSP)** to this email address: _____



You **must** send documents electronically (by email or through an EFSP) if you and the person you are sending documents to have an email address. If you or the person you are sending to do not have an email address, or if you have permission from the judge, you may send documents using the options below.

☐ I am sending the documents to this address:

Street, Apt. #

City

State

Zip Code

By (check all that apply):

☐ Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

☐ Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

Location of mailbox or third-party carrier: _____

Address or Intersection

City

State

☐ Mail from a prison or jail: _____

Name and Address of Prison or Jail

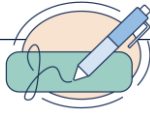
C. The documents will be sent on: Date: _____

Month, Day, Year

Time: _____

Include AM or PM

☐ I am sending the document to more than 1 person and have completed an additional *Proof of Delivery* form.

**SIGN**

Under [735 ILCS 5/1-109](#), my signature means that:

- 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.

Signature /s/ _____ Print Name _____

☐ **I am completing this form for myself**

Phone Number _____ Email (if you have one) _____

Address _____
Street, Apt. # City State Zip Code

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

☐ **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 _____

Address _____
Street, Apt. # City State Zip Code