



# ANSWER OR RESPONSE

## IN THE STATE OF ILLINOIS, CIRCUIT COURT

**COUNTY:** \_\_\_\_\_  
*County Where You Are Filing the Case*

*Enter the case information as it appears on your other court documents.*

**PLAINTIFF/PETITIONER OR IN RE:** \_\_\_\_\_  
*Who started the case. First, Middle, and Last Name, or Business Name*

**DEFENDANTS/RESPONDENTS:** \_\_\_\_\_  
*Who the case was filed against.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
*First, Middle, and Last Name, or Business Name*

Case Number \_\_\_\_\_

### 1. NAME & INFORMATION

A. My name is: \_\_\_\_\_  
*First*
*Middle*
*Last Name*

B. I am the:  
 Plaintiff/Petitioner     Defendant/Respondent

### 2. COMPLAINT OR PETITION TITLE

The title of the Complaint or Petition I am responding to is: \_\_\_\_\_

### 3. ANSWER OR RESPONSE TO COMPLAINT OR PETITION

*Use this section to respond to each statement in the Complaint or Petition. You may respond that you:*

- *“Admit” which means you agree that all of the statements in the paragraph are true; or*
- *“Deny” which means you disagree with any of the statements in the paragraph; or*
- *“Do Not Know” which means you do not have enough information to truthfully admit or deny the statements.*

*Do not explain why you admit, deny, or do not know. You will explain your reasons later in the case.*

A. The Complaint or Petition I am responding to has labeled (numbered or lettered) paragraphs.  
*Enter the number and letter of each paragraph and subparagraph in the Complaint or Petition.*

Paragraph Number	Subparagraph Letter (if any)	<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
_____	_____	<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
_____	_____	<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

Paragraph Number	Subparagraph Letter (if any)	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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
_____	_____	<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

I have attached an *Additional Paragraphs for Answer or Response* form listing additional paragraphs.

- B. The Complaint or Petition I am responding to does not have labeled (numbered or lettered) paragraphs. I deny everything in the Complaint or Petition, except for the following statements in the Complaint or Petition, which I either admit or do not know.

*Write down only the statements in the Complaint or Petition that you admit are true.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Write down only the statements in the Complaint or Petition that you do not know.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have attached an *Additional Paragraphs for Answer or Response* form listing additional statements I either admit, deny, or do not know.

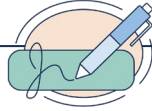
#### 4. AFFIRMATIVE DEFENSES OR COUNTERCLAIMS

*Complete this section only if you have affirmative defenses or counterclaims. There will not be affirmative defenses or counterclaims in every case. You should file these forms at the same time as your Answer. If you do not file at the same time as your Answer, you may not be able to file them later.*

- **Affirmative Defenses** are your reasons why the other party should not win even if everything in their Complaint/Petition is true. There is no additional fee to file affirmative defenses.
- **Counterclaims** are your separate legal claims(s) against the Plaintiff/Petitioner related to the issues in this case. There may be an additional fee to file counterclaims. [735 ILCS 5/2-608\(b\)](#) states that a counterclaim shall be part of the Answer and shall be designated as a counterclaim.

I have affirmative defenses, and I have filed a separate *Affirmative Defenses* form that is part of my Answer.

I have counterclaims, and I have filed a separate *Counterclaims* form that is part of my Answer.



## SIGN

Under Illinois Supreme Court Rule 137, your signature means that you:

1) read the document, 2) believe it is true and correct, and 3) are not filing it to cause delay or for another bad reason

If the Complaint/Petition is verified by oath or I answered "Do Not Know" to paragraphs in Section 3 above, then I certify that everything in this document is true and correct, and 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.**

Your Signature /s/ \_\_\_\_\_ Print Your Name \_\_\_\_\_

Your Address \_\_\_\_\_  
Street, Apt. # State Zip Code

Your Phone Number \_\_\_\_\_ Attorney Number (if any) \_\_\_\_\_

Your Email \_\_\_\_\_

**List an email account that you check every day** and that you do not share with anyone else. If you do not check your email every day, you may miss important information, court dates, or documents from other parties.

## 2. PROOF OF DELIVERY

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to the lawyer.**

**A.** I am sending this *Proof of Delivery* and the following court documents:

\_\_\_\_\_  
Name of Documents

**To:**

Name: \_\_\_\_\_  
First Middle Last Name

Address: \_\_\_\_\_  
Street, Apt. # City State Zip Code

Email Address: \_\_\_\_\_

**By:**  Electronically to the email address in **A**:

By email (*not through an EFSP*).

Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending them by:

Mail or third-party carrier to the address in **A**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: \_\_\_\_\_  
City State

Personal hand delivery at this address:

*NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office*

Address \_\_\_\_\_  
Street, Apt. #, City, State, and Zip Code

Mail to the address in **A**, from a prison or jail: \_\_\_\_\_  
Name of Prison or Jail

**This document will be sent on:** Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year include AM or PM

**B. I am sending this *Proof of Delivery* and the following court documents:**

\_\_\_\_\_  
*Name of Documents*

**To:**

Name: \_\_\_\_\_  
*First Middle Last Name*

Address: \_\_\_\_\_  
*Street, Apt. # City State Zip Code*

Email Address: \_\_\_\_\_

**By:**  Electronically to the email address in **B**:

- By email (*not through an EFSP*).
- Using an approved electronic filing service provider (EFSP).

- I or the person I am sending the document to do not have an email address. I am sending them by:
  - Mail or third-party carrier to the address in **B**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: \_\_\_\_\_  
*City State*

- Personal hand delivery at this address:

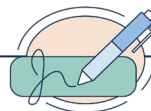
*NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office*

Address \_\_\_\_\_  
*Street, Apt. #, City, State, and Zip Code*

- Mail to the address in **B**, from a prison or jail: \_\_\_\_\_  
*Name of Prison or Jail*

**This document will be sent on:** Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*Month, Day, Year include AM or PM*

- I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.



**SIGN**

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

1) certify that everything in this document is true and correct, and 2) 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.

Your Signature /s/ \_\_\_\_\_ Print Your Name \_\_\_\_\_

Your Address \_\_\_\_\_  
*Street, Apt. # City State Zip Code*

Your Phone Number \_\_\_\_\_ Attorney Number (if any) \_\_\_\_\_

Your Email (if you have one) \_\_\_\_\_

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



# WHAT'S NEXT

## **NEXT STEP FOR PERSON FILLING OUT THIS FORM:**

After you fill out your forms, file them with the Circuit Clerk's office in the county where your case is taking place. Then, send your forms to the other people in the case. Find your Circuit Clerk: [ilcourts.info/CircuitClerks](http://ilcourts.info/CircuitClerks).



Learn more about each step in the process and how to file in our Instructions: [ilcourts.info/answer-instructions](http://ilcourts.info/answer-instructions).

## **NEXT STEP FOR PERSON RECEIVING THIS DOCUMENT:**

For more information about going to court including how to fill out and file forms, call or text **Illinois Court Help** at 833-411-1121 or go to [ilcourthelp.gov](http://ilcourthelp.gov).

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at [illinoislegalaid.org/lexicon/glossary](http://illinoislegalaid.org/lexicon/glossary). You may also find more information, resources, and the location of your local legal self-help center at: [ilao.info/lshc-directory](http://ilao.info/lshc-directory).