

Instructions ▼ Check the 1st box if your case involves parental responsibility or parenting time (custody/visitation rights), or relocation of a child. Check the 2nd box if your case involves delinquent minor proceedings. Check the 3rd box if your case involves pretrial release. Enter the Supreme Court case number if one has been assigned. If the case name in the trial and/or appellate court began with "In re" (e.g., "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties as they appeared in the trial/appellate court case. Check the Petitioner box under your name to show you are asking the Supreme Court to hear this case and check the Respondent box below the other party's name. To the far right, enter the number of the appellate district, appellate court case number, trial court county, trial court case number, and trial judge's name.	<input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). <input type="checkbox"/> THIS APPEAL INVOLVES A DELINQUENT MINOR PROCEEDING UNDER THE JUVENILE COURT ACT. <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 604(h). Case No.: _____ IN THE SUPREME COURT OF ILLINOIS In re _____ _____ Plaintiff/Petitioner in the trial court (<i>First, middle, last names</i>) <input type="checkbox"/> Petitioner in the Supreme Court <input type="checkbox"/> Respondent in the Supreme Court v. _____ Defendant/Respondent in the trial court (<i>First, middle, last names</i>) <input type="checkbox"/> Petitioner in the Supreme Court <input type="checkbox"/> Respondent in the Supreme Court	Petition for Leave to Appeal from the Appellate Court, _____ District Appellate Court Case No. _____ Appeal from the Circuit Court of _____ County Trial Court Case No.: _____ _____ Honorable _____ Judge, Presiding
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PETITION FOR LEAVE TO APPEAL

Your Information

Enter your name, complete address, telephone number, and email address if you have one.

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Phone: _____ Email: _____

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

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 or documents from other parties.

PRAYER FOR LEAVE TO APPEAL

[Refer to Illinois Supreme Court Rule [315\(c\)\(1\)](#) and [Rule 317](#)]

Enter your name and the number of the appellate court district that decided the appeal.

Check the box next to "As a Matter of Right" **only** if your *Petition* involves a constitutional question and is filed under Rule [317](#). Otherwise, check the box next to Rule [315](#).

The Petitioner, _____, respectfully petitions this Court for leave to appeal from the decision of the appellate court, _____

District, pursuant to Supreme Court Rule:

- ☐ [315](#) (permissive review)
☐ [317](#) (review as a matter of right)

JUDGMENT BELOW

[Refer to [Illinois Supreme Court Rule 315\(c\)\(2\)](#)]

In **1**, enter the date of the appellate court's decision.

Check **2** if no one asked the appellate court to rehear the appeal.

Check **3** if you or another party asked the appellate court to rehear the appeal. If you check **3**, enter the dates the *Petition for Rehearing* was filed and denied.

1. The judgment of the appellate court was entered on _____
Date
2. ☐ No Petition for Rehearing was filed in the appellate court.
3. ☐ A Petition for Rehearing in the appellate court was
filed on _____ and denied on _____
Date Date

POINTS RELIED UPON FOR REVIEW

[Refer to [Illinois Supreme Court Rule 315\(c\)\(3\)](#)]

In this section, fill in any of the reasons you think the Supreme Court should hear and decide your case.

The Court should grant this Petition and review the decision of the appellate court for one or more of the following reasons:

1. The appellate court's decision conflicts with a decision by the Supreme Court in the following ways: _____

2. The appellate court's decision conflicts with a decision by another appellate court in the following ways: _____

Be sure to number each page of your petition. This is page 1. Be sure to fill in the total pages when you are done. For example, if your petition is 18 pages long, this is Page 1 of 18.

Enter the Case Number given by the Supreme Court Clerk: _____

3. This case presents the following question of general importance to the State of Illinois:

4. This case calls for the exercise of the Supreme Court's supervisory authority for the following reasons: _____

5. Other reasons the Supreme Court should review the Appellate Court decision are:

DRAFT

STATEMENT OF FACTS
[Refer to [Illinois Supreme Court Rule 315\(c\)\(4\)](#)]

Tell the story correctly and fairly. Do not argue your case or make other comments here.

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

If you need more room,
add 1 or more
*Additional Statement of
Facts* forms after this
page.

Enter the Case Number given by the Supreme Court Clerk: _____

ARGUMENT

[Refer to [Illinois Supreme Court Rule 315\(c\)\(5\)](#)]

State your argument on this page. Explain how the appellate court should have decided your case. Use the important facts of your case and any statutes (laws) and other court decisions to help you do this. Be sure to give examples of how the appellate court decision conflicts with decisions by the Illinois Supreme Court or other Illinois appellate court districts in cases similar to yours, or how your case is important because it affects the public interest.

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

DRAFT

Enter the Case Number given by the Supreme Court Clerk: _____

DRAFT

DRAFT

If you need more room,
add 1 or more
Additional Argument
forms after this page.

CONCLUSION

Check the boxes to tell the court what you want it to do. You may check as many as apply.

The petitioner respectfully requests that this Court:

☐ reverse the Appellate Court's decision (*change the decision in favor of the other party to a decision in your favor*) and ☐ send the case back to the trial court for any hearings that are still required;

☐ reverse the trial court's judgment (*erase the judgment in favor of the other party*) and ☐ send the case back to the trial court for a new hearing and a new judgment;

☐ affirm the trial court's judgment (*reinstate the judgment that was in your favor before the appeal*);

☐ change the trial court's judgment to say: _____

☐ order the trial court or appellate court to: _____

☐ other: _____

and grant any other relief that the court finds appropriate.

If you are completing this form on a computer, sign your name by typing it. If you complete it by hand, sign and print your name.

Respectfully submitted,

/s/ _____
Signature

Print Name

Rule [315\(d\)](#) and Rules [341-343](#) explain the format, service, and filing of a *Petition for Leave to Appeal*. The *Petition* must contain no more than 20 pages OR no more than 6,000 words. Don't counting these pages:

- Cover
- Certificate of Compliance
- Certificate of Service/Proof of Delivery
- Appendix

If your *Petition* is within the page limit, add the number of pages in your *Petition* (not counting the pages listed above) and check the box next to "pages."

If your *Petition* is not within the page limit, but is within the word limit, add the number of words in your *Petition* (not counting the words on the pages listed above) and check the box next to "words."

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.

CERTIFICATE OF COMPLIANCE

[Refer to [Illinois Supreme Court Rule 341\(c\)](#)]

I certify that this *Petition for Leave to Appeal* conforms to the requirements of Supreme Court Rules [315\(c\)](#) and [\(d\)](#), and Supreme Court Rules [341](#) through [343](#). The length of this *Petition* excluding the pages or words contained in the Rule [341\(d\)](#) cover and this Rule [341\(c\)](#) certificate of compliance, certificate of service/proof of delivery and those matters to be appended to the *Petition* under Rule [315\(c\)\(6\)](#) is _____ ☐ pages or ☐ words (*check one*).

/s/
Signature

Print Name

PROOF OF DELIVERY

In **A**, enter the name, mailing address, and email address of the person you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

Then, check the box to show how you are sending the document.

A. I am sending the *Petition for Leave to Appeal***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 address. I am sending the document by (*choose one*):

☐ Mail or third-party carrier to the address in **A**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

*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 **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: _____

Month, Day, Year

Time: _____

Include AM or PM

- B.** ☐ I am **not** sending this *Petition for Leave to Appeal* to another person or lawyer.
☐ I **am** sending this *Petition for Leave to Appeal* to an additional person or lawyer, not listed in **A**:

To:

Name: _____

*First**Middle**Last*

Address: _____

*Street, Apt #**City**State**ZIP*

Email address: _____

By: ☐ Electronically to the email address in **B**:☐ Email (*not through an EFSP*).☐ Using an approved electronic filing service provider (EFSP).

In **B**, if you are **not** sending it to a 2nd person or lawyer, check the box and leave the rest of **B** blank. If you **are** sending it to more than 1 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.

Enter the Case Number given by the Supreme Court Clerk: _____

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 address. I am sending the document by (*choose one*):

☐ Mail or third-party carrier to the address in **B**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

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 **B**, 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

In **C**, if you are **not** sending it to a 3rd 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.

C. ☐ I am **not** sending this *Petition for Leave to Appeal* to another person or lawyer.
☐ I **am** sending this *Petition for Leave to Appeal* to an additional person or lawyer, not listed in **A** or **B**:

To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address: _____

By: ☐ Electronically to the email address in **C**:

☐ 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 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:

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

Enter the Case Number given by the Supreme Court Clerk: _____

☐ Mail to the address in **C**, 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*

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 *Petition for Leave to Appeal* 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.

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](#).

/s/ _____
Your Signature *Street Address*

Print Your Name *City, State, ZIP*

Telephone *Email*

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

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.

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.

Enter the Case Number given by the Supreme Court Clerk: _____

APPENDIX

[Refer to [Illinois Supreme Court Rule 315\(c\)\(6\)](#)]

[Copy of the Appellate Court decision]

After this page, add a copy of the appellate court decision.

You do not have to attach the entire record on appeal. Remember that you will have to send the Court a total of 13 paper copies.

Number the pages of the appendix A-1, A-2, A-3, etc.

DRAFT

A- _____