Instructions <b>-</b>	THIS APPEAL INVOLVES A MATTER SUBJECT TO EXP	EDITED DISPOSITION
Check the box to the right if your case involves parental responsibility or	UNDER RULE 311(a).	
parenting time (custody/visitation rights) or relocation of a child.	APPEAL TO THE APPELLATE COURT OF ILLINOIS	t
Just below "Appeal to the Appellate Court of Illinois," enter the number of the	from the Circuit Court of County	/
appellate district that will hear the appeal and the county of the trial court.	In re	
If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the		Trial Court Case No.:
	Plaintiffs/Petitioners (First, middle, last names)         Appellants       Appellees	Honorable
correct boxes to show which party is filing the appeal ("appellant") and which party is	V	Judge, Presiding
responding to the appeal ("appellee"). To the far right, enter	Defendants/Respondents (First middle last names)	Supreme Court Rule:
the trial court case number, the trial judge's name, and the Supreme Court Rule that allows the appellate court to hear the appeal.	Defendants/Respondents (First, middle, last names)	

## NOTICE OF APPEAL (CIVIL)

In <b>1</b> , check the type of appeal.
For more information on choosing a type of appeal, see <i>How to File</i> <i>a Notice of Appeal</i> .

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In 2, list the name of
each person filing the
appeal and check the
proper box for each
person.

## Cross Appeal

Interlocutory Appeal
 Joining Prior Appeal
 Separate Appeal

1. Type of Appeal:

2.	Name of	Each Person Appealing:		
	Name:			
		First	Middle	Last
		Plaintiff-Appellant	Petitioner-Appellant	
	OR			
		Defendant-Appellant	Respondent-Appellant	t

	Name:				
		First	Middle	Last	
		Plaintiff-Appellant	Petitioner-App	pellant	
	OR				
		Defendant-Appellant	Respondent-A	Appellant	
In <b>3</b> , identify every order or judgment you want to appeal by listing the date the trial court entered it.	3. List the Date	date of every order or jud	gment you want to ap	opeal:	
	Date				
	Date				
In <b>4</b> , state what you want the appellate court to do. You may check as many boxes as apply.	judgn that a vaca and chan	rse the trial court's judgmen nent in your favor) and are still required; te the trial court's judgment send the case back to ge the trial court's judgmen r the trial court to:	end the case back to t (erase the judgment in fa the trial court for a new t to say:	he trial court for a avor of the other pa w hearing and a r	any hearings arty) new judgment;
	and	grant any other relief that th	e court finds appropria	te.	
If you are completing	/s/				
this form on a computer, sign your name by typing it. If	Your Signatu	re	Street Address		
you are completing it by hand, sign by hand and print your name. Fill in your	Your Name		City, State, ZIF	0	
address, telephone number, and email address, if you have one.	Email Additional	Appellant Signature	Telephone		Attorney # (if any)
All appellants must sign this form. Have each additional appellant sign the form	/s/ Signature		Street Address		
here and enter their complete name, address, telephone number, and email	Name		City, State, ZIF	2	
address, if they have one.	Email		Telephone		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, notice of court dates, or documents from other parties.

## PROOF OF SERVICE (You must serve the other party and complete this section)

In <b>1a</b> , enter the name, mailing address, and email address of the party or lawyer to whom you sent the document. In <b>1b</b> , check the box to show how you sent the document, and fill in any other information required on the blank lines. In <b>1b</b> , check the box to show how you are sending the document. <b>CAUTION:</b> If you and the person you are sending the document to have an email	1.	l sei a. b.	<ul> <li>Email</li> <li>Only use of sending the</li> <li>Perso</li> </ul>	First	c filing servic FSP) below if you d s not have an	Middle City e provider (I o not have ar	n email address,	Last Z	TIP on you are
address, you <b>must</b> use one of the first two options. Otherwise, you may use one of the other options.			וד [] וד [] וד []	he party's family he party's family he party's lawyer he party's lawyer or third-party carr	's office	is 13 or old	ler, at the party	's residenc	e
In <b>c</b> , fill in the date and time that you sent the document.		C.	On: Date At:	i	a.m. 🗌 p	.m.			
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fill in <b>a</b> , <b>b</b> , and <b>c</b> . Otherwise leave <b>2</b>			Address:			0.1			
blank.			Email add	<i>Street, Apt #</i> Iress:		City	State		ZIP
		b.	Email     Only use of     sending the     Person     Tr     Tr     Tr     Tr     Tr     Tr     Tr     Tr     Tr	a	<i>ESP)</i> below if you d is not have an ito: member who is office er	o not have ar email addres	n email address, s.		

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	Time		

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Attorney # (if any)