

ADDITIONAL PROOF OF DELIVERY

In **D**, write the name of the document you are sending under Rule [11](#). Then, 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.

D. I am sending the _____

To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

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

☐ 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 **D**, 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 **D**, from a prison or jail at:

Name of Prison or Jail

This document will be sent on:

Date:

Month, Day, Year

Time:

Include AM or PM

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

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.

Phone Number

Email (if you have one)

Street Address

City, State, ZIP

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

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