

<p>Instructions ▼</p> <p>Check the 1st box if your case involves parental responsibility or parenting time (custody/visitation rights), or relocation of a child.</p> <p>Just below "Appeal to the Appellate Court of Illinois," enter the number of the appellate district that will hear the appeal and the county of the trial court.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as they appeared in the trial court documents. Below each party name check either Appellant if the party filed the appeal or Appellee if the party is responding to the appeal.</p> <p>To the far right, enter the trial court case number and trial judge's name.</p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). </div> <div style="text-align: center; margin-bottom: 20px;"> <p>APPEAL TO THE APPELLATE COURT OF ILLINOIS</p> <p>_____ District</p> <p>FROM THE CIRCUIT COURT OF</p> <p>_____ County</p> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top; padding: 10px;"> <p>In re _____</p> <p>_____ Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____ Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> </td> <td style="width: 40%; border: none; vertical-align: top; padding: 10px;"> <p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<p>In re _____</p> <p>_____ Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____ Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p>
<p>In re _____</p> <p>_____ Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____ Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p>		

In **1a**, check the "Official Court Reporter" box if a court reporter recorded the court trial or hearings, and then write in the name and address of the court reporter. In **1b**, check the "Administrator of Court Reporters" box if the court electronically recorded the trial or hearings, and then fill in the Administrator's name and address.

In **2**, you must list all dates, times, and courtrooms for the hearings that are important to your appeal.

If you need to list more hearings, check the box and fill out an *Additional Transcripts* form. Insert it after this page.

REQUEST FOR REPORT OF PROCEEDINGS (TRANSCRIPTS)

1. I request that the court reporters listed below prepare the Report of Proceedings (Transcripts) of the following court hearings:

a. ☐ Official Court Reporter : _____

First	Middle	Last
Street	City	State
Zip		

b. ☐ Administrator of Court Reporters: _____

First	Middle	Last
Street	City	State
Zip		
2. I request transcripts for the following hearings:

Date: _____ Time: _____ ☐ a.m. ☐ p.m. Courtroom: _____

Date: _____ Time: _____ ☐ a.m. ☐ p.m. Courtroom: _____

Date: _____ Time: _____ ☐ a.m. ☐ p.m. Courtroom: _____

☐ I have listed additional hearings for which transcripts are needed on the attached *Additional Transcripts* form.

In **3**, enter the names and addresses of any lawyers or other parties who have appeared in court for the parties.

If the other party has a lawyer, you must list the lawyer's information.

If you need to list more parties or lawyers, check the box and fill out an *Additional Parties or Lawyers* form. Insert it after this page.

In **4**, sign and print your name. Enter your address, telephone number, and email.

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

3. Name and address of the other party or their lawyer (if applicable):

<i>First</i>	<i>Middle</i>	<i>Last</i>

<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>

<i>Email</i>	<i>Telephone</i>	

☐ I have listed additional lawyers on the attached *Additional Parties or Lawyers* form.

4 Your name (the person requesting the transcripts) and contact information:

_____ <i>/s/</i>	
<i>Your Signature</i>	<i>Street Address</i>

<i>Print Your Name</i>	<i>City, State, ZIP</i>

<i>Telephone</i>	<i>Email</i>

<i>Firm Name (if any)</i>	<i>Attorney # (if any)</i>

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

In **A**, enter the name, mailing address, and email address of the person you are sending the document to under Rule [11](#). 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 *Request for Report of Proceedings (Transcripts)*

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
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:

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 **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 *Request for Report of Proceedings (Transcripts)* to another person or lawyer.

☐

I **am** sending this *Request for Report of Proceedings (Transcripts)* 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.

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.

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

☐ I or the person I am sending the document to do **not** have an email
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:

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 **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.

C.

☐ I am **not** sending this *Request for Report of Proceedings (Transcripts)* to another person or lawyer.

☐ I **am** sending this *Request for Report of Proceedings (Transcripts)* 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
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:

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

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

Enter the Case Number given by the Appellate 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 *Request for Report of Proceedings (Transcripts)* 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.

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

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

☐ I am completing this form for myself.

Phone Number

Email (if you have one)

Street Address

City, State, ZIP

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.

☐ I am a lawyer completing this form on behalf

(Client name): _____

Only complete this section if you are a licensed attorney completing the form.

Lawyer Name

Attorney Number

Lawyer Phone Number

Law Firm

Lawyer Email

Lawyer Address