

In 3, select the box to show what party you are in the appeal. Check only **one** box.

☐ Petitioner/Appellant ☐ Respondent/Appellee

☐ Other:

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. Fill in your address, telephone number, and email address, if you have one.

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Email

Telephone

Firm Name (if any)

Attorney # (if any)

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.

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

A. I am sending the Appearance:

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:

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

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

Fill in the date and time that you are sending the document.
In C , if you are not sending it to a 3 rd 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.

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.

Name of Prison or Jail

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

Enter the Supreme Court Case Number: _____

☐ 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:

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 **C**, from a prison or jail at:

Name of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year *Include AM or PM*

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

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 *Appearance* 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*

☐ I am completing this form for myself.

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

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.

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*