

Check the top box if your case involves parental responsibility or parenting time (custody/visitation rights), or relocation of a child. If this doesn't apply to your appeal, skip this box.

THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).

CERTIFICATION FOR EXEMPTION FROM E-FILING

| Case No.: | |
|---|---|
| Enter the Supreme Court case number (if you have it). | |
| In re: | |
| If the trial court case name began with "In re" enter that name. | |
| Enter the case information below as it appears on your trial and appellate court documents. | Enter the court info below for the cas you are appealing. |
| PLAINTIFF/PETITIONER(S): | Appeal from the Appellate Court, District |
| First, Middle, and Last Name, or Business Name | |
| Petitioner Respondent | No |
| Check the box to show who filed the appeal (Petitioner) and who is responding to the appeal (Respondent) in the Illinois Supreme Court. V. DEFENDANT/RESPONDENT(S): | Appeal from the Circuit Court of |
| —————————————————————————————————————— | County |
| First, Middle, and Last Name, or Business Name | Trial Court Case No.: |
| Petitioner Respondent Check the box to show who filed the appeal (Petitioner) and who is responding to the appeal | |
| (Respondent) in the Illinois Supreme Court. | |
| · · · · · · · · · · · · · · · · · · · | Honorable |



You are automatically exempt from e-filing and you do not need to file this Certification if:

• You are in jail or prison, you are filing into a juvenile case, or your disability prevents you from e-filing.

Please select the reason you are unable to e-file documents and have a good cause exemption from e-filing under Illinois Supreme Court Rule 9(d)(2) in this case:

- I do not have a lawyer and at least one of the following statements is true:
 - I do not have the Internet or computer access in the home;
 - I do not have an email account;
 - I do not have a credit card, debit card, or bank account;
 - I have trouble reading, writing, or speaking in English; or
 - I tried to e-file my forms, but I am not able to complete the process because the equipment or help I need is not available.

| La | m filing | a docum | ent in ar | n emergency | rcase a | s allowed | by local | rule o | r order |
|-----------|-----------|-----------|-------------|-------------|---------|-----------|----------|---------|---------|
| ı ı a | II IIIIII | a aocaiii | CIIL III AI | I CHICKECHO | case a | 3 anowca | DV IOCAI | I UIC O | ı oracı |

| Supreme Court Case Number | |
|---------------------------|--|
| | |



Provide this *Certification* and the document you want to file to the Illinois Supreme Court Clerk in person or by mail (200 E. Capitol Ave., Springfield, IL 62701-1721). If the document you want to file is one of the following: a petition for leave to appeal, answer to a petition for leave to appeal, brief, petition for rehearing, or an answer to a petition for rehearing, you must submit **13 legible copies** to the Clerk's office, along with this *Certification*.

| SIGN | | | | | |
|--|---|--------------------------|--------------------|--|--|
| Under 735 ILCS 5/1-109, my signature m | neans that: | | | | |
| 1) Everything in this document is true an | nd correct, or I have been informed or I b | pelieve it to be true ar | nd correct, and | | |
| 2) I understand that making a false state | ment on this form is perjury and has pe | nalties provided by la | W. | | |
| If you are filling out this form online, sign yo | ur name by typing it. If you are filling out th | is form by hand, sign an | d print your name. | | |
| Signature /s/ | Print Name | | | | |
| ☐ I am completing this form for mysel | f | | | | |
| Phone Number Email (if you have one) | | | | | |
| Address | | | | | |
| Street, Apt. # | City | State | Zip Code | | |
| Be sure to check your email every day so yo | · | · | | | |
| I am a lawyer completing this form | on behalf of a client (Client name): | | | | |
| Lawyer Name | Attorney Nu | mber | | | |
| Lawyer Phone Number | Law Firm | | <u>-</u> | | |
| Lawyer Email | | | | | |
| Address | | | | | |
| Street, Apt. # | City | State | Zip Code | | |