This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

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STATE OF IL CIRCUIT C		MOTION TO SEAL COURT FILE IN EVICTION CASE	For Court Use Only				
Instructions ▼							
Directly above, enter the name of the county where the case was filed.	Plaintiff (For example, the landlord or owner):						
Enter the full names of Plaintiff, Defendants, and the case number as listed on the Eviction Complaint.	Case Number						
	_	n Occupants (Check the box for Unknown s if it was checked on the Eviction Complaint.)					
In 1, check the box for all parties who are bringing this motion.	1. This motion is brought pursuant to 735 ILCS 5/9-121 by: ☐ Plaintiff ☐ Defendant ☐ Other:						
In 2, check this box only if the plaintiff tells you they are not going to fight sealing your court file. Otherwise, leave it blank.	 I have contacted the other parties, and no one has an objection to sealing this case. The court file in this matter should be sealed because (check a or b): a. Defendant is facing eviction or was evicted from a building in foreclosure. OR b. This action is sufficiently without a basis in fact or law. The facts or law were wrong 						
In 3, check a or b. If you check 3a, skip to the signature. If you check 3b, explain how the landlord got the facts or law wrong and why it would be fair for the court to seal	be	ecause:					
the case.		ng this case is in the interests of justice. It is more being seen by the public than it is to allow the public	· ·				
Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is	statement of 109.	everything in the <i>Motion</i> is true and correct. I unnership is the second of the secon	_				
perjury, a Class 3 Felony.	Street Address Street Address Street Address						

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this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.	Print Your Name		City, Sta	nte, ZIP		
Enter your complete address, telephone number, and email address, if you have one.	Telephone Attorney # (if any)		Email			
	OCUMENTS BY EMAII t check your email every da					
	PROOF OF DE					
* 4	1. I am sending	the <i>Motion</i>				
In 1a, enter the name, mailing address, and email address of the party you are sending	a. To: Name:	First	Middle		Last	
the document to. If they have a lawyer, you must enter the lawyer's information.	Address: Email add	Street, Apt #		City	State	ZIP
In 1b, 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 options. Otherwise, you may use one of the other options.	b. By: An approved electronic filing service provider (EFSP) Email (not through an EFSP) Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address. Personal hand delivery to: The party The party's family member who is 13 or older, at the party's residence The party's lawyer The party's lawyer's office					
In c , fill in the date and time that you are sending the document.	c. On:	Mail or third-party	carrier at: <i>Tim</i> e		n. 🗌 p.m.	
In 2 , if you are sending the <i>Motion</i> to more than 1 party or lawyer, fill in a , b , and	2. I am sending a. To:	the <i>Motion</i> :				
c. Otherwise leave 2 blank.	Name:	First	Middle		Last	
In 2a, enter the name, mailing address, and email address of the party you are sending the document to. If	Address: Email add	Street, Apt #	ivildule	City	State	ZIP
they have a lawyer, you must enter the lawyer's information.		An approved electi Email <i>(not through a</i>	ronic filing service ponner filing service ponner filing service ponner filing	rovider (EFSF	P)	

This form shall not be modified. It may be supplemented with additional materials. Page 2 of $\boldsymbol{3}$

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(Form No.)

In 2b, 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 options. Otherwise, you may use one of the other options.	Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address. Personal hand delivery to: The party The party's family member who is 13 or older, at the party's residence The party's lawyer The party's lawyer's office Mail or third party carrier			
In c , fill in the date and time that you are sending the document.	c. On at: a.m. p.m.			
If you are sending your document to more than 2 parties or lawyers, check the box and file the <i>Additional Proof of Delivery</i> with this form.	☐ I have completed an <i>Additional Proof of Delivery</i> 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.	I certify that everything in the <i>Proof of Delivery</i> is true and correct. I understand that a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109. Street Address Street Address			
If you are completing this form on a computer, sign your name by typing it. If you are completing it	Print Your Name City, State, ZIP			
by hand, sign and print your name.	Telephone Email			
Enter your complete address, telephone number, and email address, if you have one.	Attorney # (if any)			
	OCUMENTS 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.