

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>ADDITIONAL PARAGRAPHS FOR MORTGAGE FORECLOSURE APPEARANCE &amp; ANSWER</b>	<i>For Court Use Only</i>
Instructions ▼		
Directly above, enter the name of the county where the case was filed.	<b>Plaintiff</b> <i>(Name of Bank or Mortgage Company)</i>	
Enter the name of the bank or mortgage company as Plaintiff.	v.	
Enter your names as Defendants.		
Enter the Case Number from the Complaint you received.	<b>Defendants</b>	<b>Case Number</b>

Enter the number and letter of each additional paragraph and subparagraph in the Complaint.

Then check "Agree," "Disagree," or "Do Not Know" for each paragraph.

- Check "Agree" if you know all of the statements in the paragraph are true. This means that you admit the statements are true.
- Check "Disagree" if you know any of the statements in the paragraph are false. This means that you deny that all of the statements are true.
- Check "Do Not Know" if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.

Attach this form to your *Mortgage Foreclosure Appearance & Answer* form.

**Defendants respond to the paragraphs in the Mortgage Foreclosure Complaint as follows:**

Paragraph Number	Subparagraph Letter <i>(if any)</i>						
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Do Not Know