	IN THE STATE OF ILLIN This is my objection to the law	yer withdrawing from my case.	
со	DUNTY:		
	County Where You A	re Filing the Case	
		ars on your other court documents.	
PL	AINTIFF/PETITIONER OR IN Who started the case.	RE: First, Middle, and Last Name, or Business Name	
	<b>FENDANTS/RESPONDENTS:</b> no the case was filed against.		Case Number
		First, Middle, and Last Name, or Business Name	
		wyer's withdrawal from your court case because	
everyt		must file this form within 21 days after service of	
everyt	hing they agreed to do, you need to do, you nee	must file this form within 21 days after service of	
everyt <i>Compl</i>	hing they agreed to do, you netion of Limited Scope Apped	nust file this form within 21 days after service of arance.	

I understand that my *Objection* will be set for a court hearing and I will be required to attend that hearing and explain to a judge what services my lawyer agreed to do but has not completed.

CLIENT SIGNATURE		
Signature of Client	Name of Client	
Client's Address	Client's Telephone Number	
- Client's Email	Date	

## **Proof of Filing and Delivery**

I certify that this *Notice* has been filed with the court on

Month, Day, Year

I served this *Notice* on the following people, by the method checked for each.

## **PROOF OF DELIVERY**

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to the lawyer.** 

## A. I am sending this document to:

Name: First	Middle	Last Name		
Address:				
Street, Apt. #	City		State	Zip Code
Email Address:			_	
By: Electronically to the				
By email <i>(not t</i>				
Using an appro	oved electronic filing s	ervice provider (E	FSP).	
document by:				ress. I am sending the
Location o	of mailbox or third-pa			or delivery charge prepaid.
Location o	of mailbox or third-pa	rty carrier:	with postage	or delivery charge prepaid.
Location of Ci Dersor NOTE: You of	of mailbox or third-pa ty al hand delivery at th	rty carrier: 	State	or delivery charge prepaid.
Location of Ci Person NOTE: You of lawyer, or to	of mailbox or third-pa ty al hand delivery at th can only deliver it to the po	rty carrier: is address: arty, the party's family	State member over 13	at the party's residence, the party
Location of Ci Person NOTE: You of lawyer, or to	of mailbox or third-pa ty al hand delivery at th can only deliver it to the po he party's lawyer's office ddress	rty carrier: is address: arty, the party's family	State member over 13	at the party's residence, the party
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Location o Ci Persor NOTE: You o lawyer, or ti A Mail to	of mailbox or third-pa ty hal hand delivery at the can only deliver it to the po he party's lawyer's office ddress ddress Street, Apt. # o the address in <b>A</b> , fro	rty carrier: is address: arty, the party's family c, City, State, and Zip Co	State member over 13 ode	at the party's residence, the party
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Location o Ci Persor NOTE: You o lawyer, or ti A Mail to	of mailbox or third-pa ty hal hand delivery at the can only deliver it to the po the party's lawyer's office ddress Street, Apt. # o the address in <b>A</b> , fro ame of Prison or Jail <b>1:</b>	rty carrier: is address: arty, the party's family c, City, State, and Zip Co	State member over 13 ode at:	at the party's residence, the party

Β.		am not sending this document to additional people.	
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- OR -					
I am sending this document to	an additional p	erson not listed	in <b>A</b> :		
Name:	Middle	Last Name			
	Wildule	Lust Nume			
Address:	City		State	Zip Code	
Sileet, Apt. #	Спу		Slute	zip coue	
Email Address:			_		
<b>By:</b> Electronically to the email By email (not through Using an approved electronically to the email	an EFSP).	rvice provider (E	FSP).		
I or the person I am sendin	g the documer	it to do not have	an email addre	ess. I am sendi	ng the
document by:					
Location of mailb	•	the address in <b>B</b> , cy carrier:	with postage o	or delivery cha	rge prepaid.
City					
Personal hand	delivery at this	address:	State		
NOTE: You can only d lawyer, or the party's	eliver it to the par		member over 13 c	at the party's resid	dence, the party's
Address					
		City, State, and Zip C			
Mail to the add	dress in <b>BS,</b> fro	m a prison or jail	at:		
Name of Pri	ison or Jail				
This document will be sent on:					
Date:	Tim	e:			
Month, Day, Year		Include AM or F			
□ I am sending the document to mo	re than 2 peop	e and have com	oleted an <i>Addit</i>	ional Proof of	<i>Deliverv</i> form.
					, -
SIGN					
Under 735 ILCS 5/1-109, your signature	e means that vo	ou:			
1) certify that everything in this docum			nderstand that	making a fals	e statement on
this form is perjury and has penalties p				0	
If you are filling out this form online, sig			Lare filling out	this form hv h	and, sign and
print your name.				chi orni by h	
	_	• • • • •			
Your Signature <u>/s/</u>	Р	rint Your Name _			
Your Address					
Street, Apt. #		City		State	Zip Code
Your Phone Number		Attorney Numbe	er (if any)		
Your Email (if you have one)					
Your Email (if you have one) Be sure to <b>check your email every day</b>	so vou do not	miss important i		irt dates or d	ocuments from
other parties.					