



# OBJECTION TO COMPLETION OF LIMITED SCOPE APPEARANCE

IN THE STATE OF ILLINOIS, CIRCUIT COURT

*This is my objection to the lawyer withdrawing from my case.*

**COUNTY:** \_\_\_\_\_  
*County Where You Are Filing the Case*

*Enter the case information as it appears on your other court documents.*

**PLAINTIFF/PETITIONER OR IN RE:** \_\_\_\_\_  
*Who started the case. First, Middle, and Last Name, or Business Name*

**DEFENDANTS/RESPONDENTS:** \_\_\_\_\_  
*Who the case was filed against.*  
\_\_\_\_\_  
*First, Middle, and Last Name, or Business Name*

Case Number \_\_\_\_\_



**WARNING:** If you object to your lawyer's withdrawal from your court case because your lawyer has not finished everything they agreed to do, you must file this form within 21 days after service of the lawyer's *Notice of Completion of Limited Scope Appearance*.



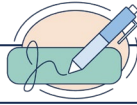
My name is: \_\_\_\_\_  
*Client Name*

I object to my lawyer's *Notice of Completion of Limited Scope Appearance* filed on \_\_\_\_\_.  
*Date (Month, Day Year)*

My lawyer has not finished everything they agreed to do in the *Notice of Limited Scope Appearance*. I understand this is the only valid reason to object to my lawyer's *Notice of Completion*. The specific services that my lawyer has not completed are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 email address in **A**:

By email (*not through an EFSP*).

Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending the document by:

Mail or third-party carrier to the address in **A**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier:

\_\_\_\_\_  
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

#### This document will be sent on:

Date: \_\_\_\_\_  
Month, Day, Year

Time: \_\_\_\_\_  
Include AM or PM

