

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ANSWER TO COMPLAINT FOR FORFEITURE (NOT INVOLVING DRUGS OR MONEY LAUNDERING)	<i>For Court Use Only</i>
Instructions ▼ Enter above, the county name where the case was filed. Describe the property taken. Enter your name as Claimant. Enter the Case Number given by the Circuit Clerk.	State of Illinois v. _____ Description of property taken _____ Claimant (First, middle, last name)	_____ Case Number

In 1, enter your full name.

In 2, enter the number and letter of each paragraph and subparagraph in the Complaint.

- Check “Admit” if you agree all of the statements in the paragraph are true; or
- Check “Deny” if you disagree with any of the statements in the paragraph; or
- 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.

1. I am the claimant. My name is: _____
Name

2. My Answer to Complaint for Forfeiture is:

Paragraph Number	Subparagraph Letter (if applicable)			
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
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_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/> Deny <input type="checkbox"/> Do Not Know

Under [Illinois Supreme Court Rule 137](#), requires Answer/Response be signed.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

Enter your complete address, telephone number, and email address, if you have one.

Under [Illinois Supreme Court Rule 137](#), your signature means that:

1) I read the document, 2) believe it is true and correct, and 3) am not filing it to cause delay or for another bad reason.

If the Complaint/Petition is verified by oath or I answered "Do Not Know" to paragraphs in Section 2 above, then I certify that everything in this document is true and correct, and understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ _____
Your Signature Street Address

_____ City, State, ZIP
Print Your Name

_____ Telephone Email

_____ Firm Name (if any) Attorney # (if any)

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

PROOF OF DELIVERY

In **2**, enter the State's Attorney Office where you are sending a copy of this form under Rule [11](#).

Then, check the box to show how you are sending the document.

1. I am sending the *Answer to Complaint for Forfeiture (Not Involving Drugs or Money Laundering)*.

2. To: _____ County State's Attorney:

 County Name
 Address: _____
 Street, Apt # City State ZIP

Email Address: _____

- By:** Electronically to the email address in **2**:
 Email (*not through an EFSP*).
 Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

I or the person I am sending the document to do **not** have an email address. I am sending the document by (*choose one*):

Mail or third-party carrier to the address in **2**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

_____ Address or Intersection 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 **2**, from a prison or jail at:

_____ Name of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year Include AM or PM

Fill in the date and time that you are sending the document.

Enter the Case Number given by the Circuit Clerk: _____

In 3, enter the lien holder's information where you are sending a copy of this form. A **lien holder** is the person or company to whom you are making your car loan payments. If there is none, leave blank.

Then, check the box to show how you are sending the document.

3. To the lien holder of the vehicle:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email Address: _____

- By:** Electronically to the email address in 3:
 Email (*not through an EFSP*).
 Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

- I or the person I am sending the document to do **not** have an email address. I am sending the document by (*choose one*):

- Mail or third-party carrier to the address in 3, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

Address or Intersection 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 3, from a prison or jail at:

Name of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year Include AM or PM

Fill in the date and time that you are sending the document.

In 4, send copies of the document to anyone else with an interest in any of the property taken. For example, a co-owner. If there is none, leave blank.

If they have a lawyer, you **must** enter the lawyer's information.

Then, check the box to show how you are sending the document.

4. To other people with an interest in the property:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email Address: _____

- By:** Electronically to the email address in 4:
 Email (*not through an EFSP*).
 Using an approved electronic filing service provider (EFSP).

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two electronic options listed above. Otherwise, you may use one of the other options listed below.

Enter the Case Number given by the Circuit Clerk: _____

I or the person I am sending the document to do **not** have an email address. I am sending the document by (*choose one*):

Mail or third-party carrier to the address in **4**, with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:

Address or Intersection *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 **4**, from a prison or jail at:

Name of Prison or Jail

Fill in the date and time that you are sending the document.

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year *Include AM or PM*

If you are sending your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

I have attached 1 or more *Additional Proof of Delivery (Civil Asset Forfeiture)* forms.

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.

Under [735 ILCS 5/1-109](#) your signature means:

1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

/s/ _____
Your Signature *Street Address*

Print Your Name _____
City, State, ZIP

Enter your complete address, telephone number, and email address, if you have one.

Telephone _____
Email

Firm Name (if any) _____
Attorney # (if any)

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.