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

Forms are free at ilcourts.info/forms.

STATE OF ILLINOIS, CIRCUIT COURT COUNTY		Forms are free at ilcourts.info/forms.  ANSWER  TO COMPLAINT FOR		For Court Use Only		
		FORFEITURE (NOT INVOLVING DRUGS OR MONEY LAUNDERING)				
Instructions▼			LAGNOLIMO			
Enter above, the county name where the case was filed.	State of Illinoi	S				
Describe the property taken.	V.					
Enter your name as Claimant.	Description of	property ta		Case Number		
Enter the Case Number given by the Circuit Clerk.	Claimant (First	t, middle, last				
In 1, enter your full name.	<b>1.</b> I am the	e claimant. N	•			
In 2, enter the number	0 14: 4:		Name			
and letter of each paragraph and subparagraph in the Complaint.	Para	wer to Com agraph mber	plaint for Forfeiture is: Subparagraph Letter (if applicable)			
Check "Admit" if you agree all of the				☐ Admit	_ ,	☐ Do Not Know☐ Do Not Know
statements in the paragraph are true; or				☐ Admit	_ ,	☐ Do Not Know
• Check "Deny" if you disagree with any of				☐ Admit	_ ,	☐ Do Not Know
the statements in the paragraph; or				☐ Admit	_ ,	☐ Do Not Know☐ Do Not Know
• Check "Do Not Know" if you do not know if				☐ Admit	☐ Deny	☐ Do Not Know
all of the statements in the paragraph are true				☐ Admit	_ ,	☐ Do Not Know☐ Do Not Know
or false. This means you do not have enough information to				☐ Admit	_ ,	☐ Do Not Know
truthfully admit or deny the statements.				☐ Admit	☐ Deny	☐ Do Not Know
				☐ Admit	_ ,	☐ Do Not Know☐ Do Not Know
				☐ Admit	_ ,	☐ Do Not Know
				☐ Admit	☐ Deny	☐ Do Not Know
				☐ Admit	_ ′	☐ Do Not Know☐ Do Not Know
				☐ Admit	_ ,	☐ Do Not Know
				Admit	☐ Deny	☐ Do Not Know
				☐ Admit	_ ′	☐ Do Not Know
				☐ Admit	_ ,	☐ Do Not Know☐ Do Not Know
				☐ Admit	_ ,	☐ Do Not Know

Enter the Case Number given by the Circuit Clerk:

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.

**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.

1 2					
Enter your complete	<u>/s/</u>				
address, telephone number, and email	Your Signature	Street Address			
address, if you have one.					
address, if you have one.					
	Print Your Name	City, State, ZIP			
	Telephone	Email			
	Firm Many (Taxa)	A44			
	Firm Name (if any)	Aπorney # (Ir any)	Attorney # (if any)		
Be sure to check your emai	l every day so you do not miss important in	formation, court dates, or documents from other parties.			

In 2, enter the State's Attorney Office where you are sending a copy this form under Rule 1

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

		PROOF OF D	<u>ELIVERY</u>			
1.	I am sending the	e Answer to Comp	plaint for Forfei	ture (Not Involving	Drugs or Money Lau	ndering).
2.	To:		County S	tate's Attorney:		
	County Na	me				
	Address:	Street, Apt #		City	State	ZIP
	Email Addre	ess:				_
	Ву: 🗌 Е	lectronically to the	e email addres	s in <b>2</b> :		
		] Email (not thro	ugh an EFSP).			
		] Using an appr	oved electronic	filing service pro	vider (EFSP).	
	use one of the firs options listed belo	t two electronic opt	n sending the c	e. Otherwise, you m	an email address, your ay use one of the othe othe othe othe othe othe othe	ner
		Mail or third-pa	arty carrier to th	-	rith postage or deliv d-party carrier:	very
		Address or Inter	section	City	State	
			nly deliver it to t		s family member over y's lawyer's office.	<sup>-</sup> 13 at
		Address – Stree	t, Apt #, City, Sta	ate, and Zip Code		
	Г	Mail to the add	dress in <b>2</b> , from	a prison or jail at		

Time:

Include AM or PM

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

Name of Prison or Jail

Month, Day, Year

This document will be sent on:

Date:

	i		Enter the Case Nun	nber given by the Circuit	Clerk:					
In 3, enter the lien	3.	To the lien hole	der of the vehicle:							
holder's information where you are sending a		Name:								
copy of this form. A lien			First	Middle		Last				
holder is the person or		Address:			•					
company to whom you are making your car loan			Street, Apt #	(	City	State	ZIP			
payments. If there is none, leave blank.		Email Add	ress:				_			
Then, check the box to		Ву: 🗌	Electronically to the	email address in 3:						
show how you are sending			Email (not through an EFSP).							
the document.			Using an approx	Using an approved electronic filing service provider (EFSP).						
	l	<b>CAUTION:</b> If you and the person you are sending the document to have an email address, you <b>must</b> 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 docum	ent to do <b>not</b>	have an email a	ddress.			
			I am sending the do	ocument by (choose o	one):					
				ty carrier to the add . Location of the mai			very			
			Address or Inters	ection	City	State				
			Note: You can or	delivery at this addre aly deliver it to the part ence, the party's lawye	y, the party's f		r 13 at			
			Address – Street	Apt #, City, State, and	d Zip Code					
			Mail to the address in <b>3</b> , from a prison or jail at:							
			Name of Prison of	or Jail						
Fill in the date and time		This docu	ıment will be sent o	on:						
that you are sending the document.		Date	<b>e</b> :	Time:						
document.			Month, Day, Year			Include AM or Pi	М			
In 4, send copies of the document to anyone else with an interest in any of	4.	To other peopl	le with an interest in	the property:						
the property taken. For			First	Middle		Last				
example, a co-owner. If		Address:								
there is none, leave blank.			Street, Apt #		City	State	ZIP			
If they have a lawyer, you must enter the lawyer's		Email Add	ress:				_			
information.		By:	y:							
Then, check the box to		- —	☐ Email (not throu							
show how you are sending the document.				ved electronic filing	service provi	der (EFSP).				
				are sending the docum						
		options listed be		ons listed above. Othe	i wise, you may	use one of the ot	nei			

		the person I am sendin	-	t have an email address.			
		Mail or third-party carrier to the address in <b>4</b> , 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 #,	Address – Street, Apt #, City, State, and Zip Code				
		Mail to the address in <b>4</b> , from a prison or jail at:					
		Name of Prison or Jail					
Fill in the date and time	This docume	ent will be sent on:					
that you are sending the document.	Date:		Time:				
document.	<del>-</del>	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 attache	ed 1 or more <i>Additional</i> i	Proof of Delivery (Civil As	sset 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.	1) everything in this to be true and correct		correct, or I have been i that making a false stat				
If you are completing this form on a computer, sign your name by typing it. If you are completing	Your Signature		Street Address				
it by hand, sign by hand and print your name.	Print Your Name		City, State, ZIP				
Enter your complete address, telephone number, and email	Telephone		Email				
address, if you have one.	Firm Name (if any)		Attorney # (if any)				
Be sure to check your emai	il every day so you do not mis	ss important information, cou	art dates, or documents from o	ther parties.			

Enter the Case Number given by the Circuit Clerk: \_\_\_