

<p>Instructions ▼</p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> <p>Enter the appellate court case number.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as they appeared in the trial court documents. Below each party name check either Appellant if the party filed the appeal or Appellee if the party is responding to the appeal.</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). </div> <div style="text-align: center; margin-bottom: 20px;"> <p>Appellate Case No.: _____</p> <p>IN THE APPELLATE COURT OF ILLINOIS</p> <p>_____ District</p> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none; vertical-align: top; padding: 10px;"> <p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> </td> <td style="width: 35%; border: none; vertical-align: top; padding: 10px;"> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>
<p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant/Respondent <i>(First, middle, last names)</i></p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p>	<p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>		

AGREED STATEMENT OF FACTS

In 1, enter all of the hearing or trial dates that you will describe in this *Agreed Statement of Facts*. You also must enter the time each hearing or trial started and the name of the judge.

1. Dates of Hearing or Trial:

- a. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- b. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- c. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- d. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- e. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- f. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____
- g. Date: _____ Time: _____ ☐ a.m. ☐ p.m. Judge: _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ I have completed an *Additional Agreed Statement of Facts Information* form.

/s/
Signature of Appellant or Appellant's Lawyer

Name _____

Firm Name (if any)

Signature of Appellee or Appellee's Lawyer

Name _____

Firm Name (if any)

☐ I have completed an *Additional Signature* form.

PROOF OF DELIVERY (*You must serve the other party and complete this section*)

In **A**, enter the name, mailing address, and email address of the person you are sending the document to under Rule [11](#). If they have a lawyer, you **must** enter the lawyer's information.

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

A. I am sending the *Agreed Statement of Facts***To:**

Name: _____

*First**Middle**Last*

Address: _____

*Street, Apt #**City**State**ZIP*

Email address: _____

By: ☐ Electronically to the email address in **A**:☐ 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 **A**, 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 **A**, from a prison or jail at:

Name of Prison or Jail

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

In **B**, if you are **not** sending it to a 2nd person or lawyer, check the box and leave the rest of **B** blank. If you **are** sending it to more than 1 person, check the second box and enter their name, mailing address, and email address. If the other person has a lawyer, you **must** enter the lawyer's information.

This document will be sent on:

Date: _____

Month, Day, Year

Time: _____

Include AM or PM

- B.** ☐ I am **not** sending this *Agreed Statement of Facts* to another person or lawyer.
☐ I **am** sending this *Agreed Statement of Facts* to an additional person or lawyer, not listed in **A**:

To:

Name: _____

*First**Middle**Last*

Address: _____

*Street, Apt #**City**State**ZIP*

Email address: _____

By: ☐ Electronically to the email address in **B**:☐ 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.

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

☐ 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 **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 #, City, State, and Zip Code

☐ Mail to the address in **B**, from a prison or jail at:

Name of Prison or Jail

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

In **C**, if you are **not** sending it to a 3rd person or lawyer, check the box and leave the rest of **C** blank. If you **are** sending it to another person, check the second box and enter their name, mailing address, and email address. If the other person has a lawyer, you **must** enter the lawyer's information.

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

This document will be sent on:

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

C. ☐ I am **not** sending this *Agreed Statement of Facts* to another person or lawyer.
☐ I **am** sending this *Agreed Statement of Facts* to an additional person or lawyer, not listed in **A or B**:

To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

By: ☐ Electronically to the email address in **C**:

☐ 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 **C**, 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 **C**, from a prison or jail at:

Name of Prison or Jail

This document will be sent on:

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

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

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

- ☐ I am sending the *Agreed Statement of Facts* to more than 3 people and have completed an *Additional Proof of Delivery* form.

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](#), my 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 filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

/s/ _____
Your Signature

_____ *Print Name*

- ☐ I am completing this form for myself.

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

_____ *Phone Number*

_____ *Email (if you have one)*

_____ *Street Address*

_____ *City, State, ZIP*

GETTING COURT DOCUMENTS BY EMAIL: Be sure to check your email every day so you do not miss important information or documents from other parties or from the court.

- ☐ I am a lawyer completing this form on behalf of a client.

(Client name): _____

Only complete this section if you are a licensed attorney completing the form.

_____ *Lawyer Name*

_____ *Attorney Number*

_____ *Lawyer Phone Number*

_____ *Law Firm*

_____ *Lawyer Email*

_____ *Lawyer Address*