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

T	THIS APPEAL INVOLVES A MATTER SUBJECT TO EX	XPEDITED DISPOSITION				
Instructions ▼	UNDER RULE 311(a).					
Check the box to the right if your case						
involves parental						
responsibility or	Appellate Case No.:					
parenting time (custody/visitation						
rights) or relocation						
of a child.						
Enter the appellate	IN THE APPELLATE COUR	RT OF				
court case number.	ILLINOIS					
Just below "In the						
Appellate Court of Illinois," enter the	District					
number of the						
appellate district		A				
where the appeal was filed.		Appeal from the Circuit Court				
	In re	of County				
If the case name in the trial court began						
with "In re" (for		Trial Court Case No.:				
example, "In re		That Sourt Suco Hon				
Marriage of Jones"), enter that phrase. If	Plaintiff/Petitioner (First, middle, last names)					
the case name did not						
begin with "In re,"	Appellant Appellee	Honorable				
enter the names of						
the parties as they appeared in the trial		Judge, Presiding				
court documents.	V.					
Below each party name check either						
Appellant if the						
party filed the appeal	Defendant/Respondent (First, middle, last names)					
or Appellee if the party is responding to						
the appeal.						
To the far right, enter	Appellant Appellee					
the trial court county,	Appellant					
trial court case number, and trial						
judge's name.						
	AGREED STATEMENT OF	FACTS				
1 0 1 0 1	1					
In 1 , enter all of the hearing or trial dates	1. Dates of Hearing or Trial:					
that you will describe	a. Date: Time:	□ n m ludge:				
in this Agreed	a. Date Time a.m.	p.m. Judge.				
Statement of Facts. You also must enter	b. Date: Time:	□ p.m. Judge:				
the time each hearing						
or trial started and the	c. Date: Time: 🗌 a.m.	p.m. Judge:				
name of the judge.						
	d. Date: Time: 🗌 a.m.	p.m. Judge:				
	e. Date: Time: a.m.	p.m. Judge:				
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		Enter the Case Number given by the Appellate Court Clerk:
In 2, describe exactly what the judge, the parties, the witnesses, and the lawyers said or did in court during the nearings or trial, including any rulings	2.	This is what happened in my case, starting with the first hearing listed above and ending with the final ruling made by the judge. Specifically:
the judge made. Be sure to include the date of each hearing. Use as much detail as you can. It is best to describe		
hings in the order that hey happened.		

If you need more room, check the box and fill out an Additional Agreed				
Statement of Facts Information form. Insert it after this page.	I have completed an Additional Agreed Sta	tement of Facts Information form.		
After you finish this form, all parties and their lawyers must sign and print their names.	/s/ Signature of Appellant or Appellant's Lawyer	Street Address		
Enter the addresses and telephone numbers of everyone signing this form.	Name	City, State, ZIP		
	Firm Name (if any)	Telephone		
If you are completing this form on a computer, sign your name by typing it. If you are completing it	Signature of Appellee or Appellee's Lawyer	Street Address		
by hand, sign by hand and print your name.	Name	City, State, ZIP		
If you need room for more signatures, check the box and fill out an <i>Additional Signature</i> form. Insert it after this page.	Firm Name (if any)	Telephone		
	☐ I have completed an <i>Additional Signature</i> form.			

Enter the Case Number given by the Appellate Court Clerk:_

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.

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

A. I am sending the Agreed Statement of Facts To: Name: First Middle Last Address: Street, Apt # City State ZIP Email address: Electronically to the email address in A: 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 This document will be sent on: Date: Time: Month, Day, Year Include AM or PM In **B**, if you are **not** В. 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 # Citv State ZIP Email address: By: Lectronically 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

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 lawver's information.

below.

Fill in the date and

time that you are

sending it to a 2nd

person or lawyer,

sending the

document.

Then, check the box to show how you are sending the document.			am s	or the person I am sending the document to do not have an email address. I m sending the document by (<i>choose one</i>): 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 Inters	ection	Ci	ity	State	
		I		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 addr	ess in B , from	a prison or ja	ail at:		
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Fill in the date and time that you are		This docu	ıme	nt will be sent (on:				
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sending it to a 3 rd person or lawyer, check the box and leave the rest of C	C.	□ lam	sen	sending this <i>Ag</i> ding this <i>Agreed</i> A or B :			•		-
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sending it to another person, check the		Name:	Fir	st	Midd	lle	1	Last	
second box and enter their name, mailing		Address:							
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person has a lawyer,		Email add							
you must enter the lawyer's information. By: Electronically to the email address in C:									
Then, check the box		l I		Email (not through		filing service	nrovider (F	FESP)	
to show how you are sending the document.	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 addr am sending the document by (<i>choose one</i>):							address. I		
		I		Mail or third-par charge prepaid.					elivery
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			-	Name of Prison o	r Jail				

Enter the Case Number given by the Appellate Court Clerk:_

	This document will be sent	on:				
Fill in the date and time that you are sending the document.	Date:	Time: Include AM or PM				
If you are sending your document to more than 3 people or lawyers, check the box and file the <i>Additional Proof of Delivery</i> with this form.	☐ I am sending the Agreed Statement of Additional Proof of Delivery form.	of Facts to more than 3 people and have completed an				
Under the Code of Civil Procedure, 735						
ILCS 5/1-109, making a statement on this form that you know to be false is	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.					
perjury, a Class 3 Felony.	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 mysel	f.				
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				

Enter the Case Number given by the Appellate Court Clerk:_

Lawyer Address

Lawyer Email