

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>FOREIGN SUBPOENA ATTESTATION</b>	<i>For Court Use Only</i>
_____ <i>Plaintiff</i>  v.  _____ <i>Defendant</i>		_____ <b>Illinois Case Number</b>

Please attach the out of state subpoena that you are seeking to enforce in Illinois to this Attestation and respond completely to the questions below. By attaching an out of state subpoena, you understand that you are certifying that you have attached a lawfully issued out of state subpoena and that no other certifications were made in support of obtaining the attached subpoena that contradict those certifications made in this attestation as required under 735 ILCS 35/3.5.

1. Foreign Court of Record: \_\_\_\_\_  
 Foreign Court of Record Case Number: \_\_\_\_\_
  
2. Does the attached out-of-state subpoena request any of the following:
  - a. Documents, information, or testimony related to lawful health care activity, as defined in Illinois' Lawful Health Care Activity Act (735 ILCS 40/28-10);
  - b. Documents, information, or testimony in support of any claim that interferes with rights under Illinois' Reproductive Health Act (775 ILCS 55/1-1 et seq.);
  - c. Documents, information, or testimony related to the enforcement of another state's law that would interfere with an individual's rights under Illinois' Reproductive Health Act (775 ILCS 55/1-1 et seq.); OR
  - d. Documents, information, or testimony related to any proceeding if the charge is based on conduct that involves lawful health care activity, as defined by the Lawful Health Care Act (735 ILCS 40/28-10), that is not unlawful under the laws of this State.

Yes  
  
 No
  
3. If you answered **yes** to question 2, please select one of the following pursuant to 735 ILCS 35/3.5:
 

I certify that the documents, information, and/or testimony sought in the attached out-of- state subpoena relate to an out-of-state action founded in tort, contract, or statute brought by the patient who sought or received the lawful health care or the patient's authorized legal representative, for damages suffered by the patient or damages derived from an individual's loss of consortium of the patient, and for which

a similar claim would exist under the laws of Illinois; OR

I certify that the documents, information, and/or testimony sought in the attached out-of- state subpoena relate to an out-of-state action founded in contract brought or sought to be enforced by a party with a contractual relationship with the individual whose documents or information are the subject of the subpoena and for which a similar claim would exist under the laws of this State.

None of the above.

Under penalty of perjury, I certify that everything in this Attestation is true, complete, and correct. I understand that making a false statement on this Attestation may result in penalties provided by law under 735 ILCS 35/3.5.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, Zip*

*Attorney for:*  
\_\_\_\_\_

\_\_\_\_\_  
*Telephone*