



# DECLARATION OF PARENTAGE OR REQUEST FOR NOTICE

(PARENTAGE)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

**COUNTY:** \_\_\_\_\_  
*County Where You Are Filing the Case*

**PETITIONER:** \_\_\_\_\_  
*Who is starting the case. First, Middle, Last Name*

**RESPONDENT:** \_\_\_\_\_  
*Who the case is filed against. First, Middle, Last Name*

\_\_\_\_\_ **Case Number**  
*(Clerk fills in)*

Note: E-Filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit [ilcourts.info/efiling](http://ilcourts.info/efiling) to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit [ilcourthelp.gov](http://ilcourthelp.gov) or talk with your local circuit clerk's office.



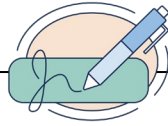
1. I have received a *Notice to Presumed Parent*.

2. I am the parent of these children listed and I intend to assert my legal rights as a parent:

	Names	Sex	Age	Month and Year of Birth (or due date)
1.				
2.				
3.				
4.				
5.				

3. I may be the parent of these children listed in the *Notice* and I want to be notified of any future court proceedings about their parentage.

	Names	Sex	Age	Month and Year of Birth (or due date)
1.				
2.				
3.				
4.				
5.				



Case Number \_\_\_\_\_

## SIGN

Signature /s/ \_\_\_\_\_ Print Name \_\_\_\_\_

I am completing this form for myself

Phone Number \_\_\_\_\_ Email (if you have one) \_\_\_\_\_

Address \_\_\_\_\_  
*Street, Apt. #, City, State, Zip Code*

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

I am a lawyer completing this form on behalf of a client (Client name): \_\_\_\_\_

Lawyer Name \_\_\_\_\_ Attorney Number \_\_\_\_\_

Lawyer Phone Number \_\_\_\_\_ Law Firm \_\_\_\_\_

Lawyer Email \_\_\_\_\_

Address \_\_\_\_\_  
*Street, Apt. #, City, State, Zip Code*



## NEXT STEP FOR PERSON FILLING OUT THIS FORM:

- File this form with the Circuit Clerk in the county where the case was filed. For more information on where to file, go to [ilcourts.info/clerks](http://ilcourts.info/clerks).



Learn more about each step in the process by reading the *How to File for Parentage Instructions* at [ilcourts.info/how-to-parentage](http://ilcourts.info/how-to-parentage).

## PROOF (EXPLANATION) OF DELIVERY

*This tells the judge how and when you will send your documents **to the other people in the case** under Rule [11](#). If a person in the case has a lawyer, **you must send your documents to their lawyer**. File this form with the Circuit Clerk, but do not list the Clerk below as a person you are sending your documents to.*

**A. I am sending this Proof of Delivery and the following court documents:**

\_\_\_\_\_  
*Name of Documents*

To: \_\_\_\_\_  
*Full Name or Law Firm Name*

**B. I am sending the documents:**

By **email** to this email address: \_\_\_\_\_

Through an approved **e-filing website (EFSP)** to this email address: \_\_\_\_\_



You **must** send documents electronically (by email or through an EFSP) if you and the person you are sending documents to have an email address. If you or the person you are sending to do not have an email address, or if you have permission from the judge, you may send documents using the options below.

I am sending the documents to this address:

\_\_\_\_\_  
*Street, Apt. #, City, State, Zip Code*

By (check all that apply):

Personal hand delivery.

*You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.*

Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

Location of mailbox or third-party carrier: \_\_\_\_\_

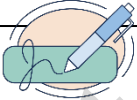
*Address or Intersection, City, State*

Mail from a prison or jail: \_\_\_\_\_

*Name and Address of Prison or Jail*

C. The documents will be sent on: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*Month, Day, Year* *Include AM or PM*

I am sending the document to more than 1 person and have completed an *Additional Proof of Delivery* form.



**SIGN**

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

- 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.

Signature /s/ \_\_\_\_\_ Print Name \_\_\_\_\_

I am completing this form for myself

Phone Number \_\_\_\_\_ Email (if you have one) \_\_\_\_\_

Address \_\_\_\_\_  
*Street, Apt. #, City, State, Zip Code*

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

I am a lawyer completing this form on behalf of a client (Client name): \_\_\_\_\_

Lawyer Name \_\_\_\_\_ Attorney Number \_\_\_\_\_

Lawyer Phone Number \_\_\_\_\_ Law Firm \_\_\_\_\_

Lawyer Email \_\_\_\_\_

Address \_\_\_\_\_  
*Street, Apt. #, City, State, Zip Code*