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|--|--|---|--|
| <p><b>Instructions ▼</b></p> <p>Check the box to the right if your case involves custody, visitation, or removal 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 name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p> | <p><input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b></p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;"><b>IN THE APPELLATE COURT OF<br/>ILLINOIS</b></p> <p style="text-align: center;">_____ District</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px; vertical-align: top;"> <p><b>In re</b> _____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <p>_____</p> <p><b>Defendant/Respondent</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> </td> <td style="width: 30%; padding: 5px; vertical-align: top;"> <p><b>Appeal from the Circuit Court<br/>of _____ County</b></p> <p><b>Trial Court Case No.:</b><br/>_____</p> <p><b>Honorable</b><br/>_____</p> <p><b>Judge, Presiding</b></p> </td> </tr> </table> | <p><b>In re</b> _____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <p>_____</p> <p><b>Defendant/Respondent</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> | <p><b>Appeal from the Circuit Court<br/>of _____ County</b></p> <p><b>Trial Court Case No.:</b><br/>_____</p> <p><b>Honorable</b><br/>_____</p> <p><b>Judge, Presiding</b></p> |
| <p><b>In re</b> _____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <p>_____</p> <p><b>Defendant/Respondent</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>      <input type="checkbox"/> <b>Appellee</b></p>  | <p><b>Appeal from the Circuit Court<br/>of _____ County</b></p> <p><b>Trial Court Case No.:</b><br/>_____</p> <p><b>Honorable</b><br/>_____</p> <p><b>Judge, Presiding</b></p>   |   |  |

### MOTION

In **1**, check the box that identifies who is filing the *Motion*.

1.     Plaintiff/Petitioner-Appellant                       Plaintiff/Petitioner-Appellee
- Defendant/Respondent-Appellant                       Defendant/Respondent- Appellee

In **2**, state specifically what you want the court to give you (e.g., "35 more days to file my brief"). This should be a short statement. You will give your reasons in the next section.

2. State what you want the court to do for you: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**PROOF OF SERVICE**

In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In 1b, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

In c, fill in the date and time that you sent the document.

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

1. I sent this document:

a. To:

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Address: \_\_\_\_\_

*Street, Apt #*

*City*

*State*

*ZIP*

Email address: \_\_\_\_\_

b. By:  Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_

*Date*

At: \_\_\_\_\_

*Time*

a.m.

p.m.

2. I sent this document:

a. To:

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Address: \_\_\_\_\_

*Street, Apt #*

*City*

*State*

*ZIP*

Email address: \_\_\_\_\_

b. By:  Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

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

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (*not through an EFM or EFSP*)
- Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_  a.m.  p.m.  
*Time*

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

Email address: \_\_\_\_\_

- b. By:  Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

- Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
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- Email (*not through an EFM or EFSP*)
- Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_  a.m.  p.m.  
*Time*

If you are serving more than 3 parties or lawyers, fill out and file 1 or more *Additional Proof of Service* forms with this 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.

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.

**I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

/s/

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

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