## NISUPELLINOS

## CERTIFICATION FOR EXEMPTION FROM E-FILING

FROM E-FILING IN THE STATE OF ILLINO		
	is, emedit edokt	
COUNTY: County Where You Are	r Filing the Case	
Enter the case information as it appears		
PLAINTIFF/PETITIONER OR IN R	E:	
Who started the case.	First, Middle, and Last Name, or Business Name	
<b>DEFENDANTS/RESPONDENTS:</b> Who the case was filed against.		Case Number
	First, Middle, and Last Name, or Business Name	
You are automatically exempt o you are in jail or prison; o you are filing a will; o you are filing into a juvenil o your disability prevents yo	•	ertification if:
1. I am not able to e-file docum	ents in this case because:	
Check why you are asking to file by mail, in p	person, or another way.	
I do not have a lawyer and at lea	ast one of the following statements is true:	
<ul><li>I do not have the Internet o otherwise);</li></ul>	r computer access in the home and travel pres	ents a hardship (financial or
<ul><li>I have trouble reading, writi</li></ul>	ng, or speaking in English, or	
<ul><li>I tried to e-file my forms, bu need was not available.</li></ul>	t was not able to complete the process becaus	e the equipment or help I
I am filing a document in a sensi contact/stalking order.	tive case, such as a petition for an order of pro	tection or a civil no
2. For the reason above, I am	entitled to a good cause exemption	from e-filing under
Illinois Supreme Court Rule	<u>9(c)(5)</u> .	
SIGN I certify under 735 ILCS 5/1-109 that:		
•	d correct, or I have been informed or I believe i	t to be true and correct, and
. , .	nent on this form is perjury and has penalties p	
•	our name by typing it. If you are filling out this for	·
Your Signature <u>/s/</u>	Print Your Name	
Your Phone Number	Attorney Number (if any)	
Your Email (if you have one)		
Your 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.