

Instructions ▼		
Enter the appellate court case number.	Appellate Case No.: _____	
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	<div style="text-align: center;"> IN THE APPELLATE COURT OF ILLINOIS </div> <div style="text-align: right; margin-top: 20px;"> _____ District </div>	
If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as they appeared in the trial court documents. Below each party, check Appellant for the party filing the appeal and check Appellee for the party responding to the appeal.	<div style="margin-bottom: 20px;"> In re _____ _____ _____ _____ </div> <div style="margin-bottom: 20px;"> Plaintiff/Petitioner in the trial court (<i>First, middle, last name</i>) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div> <div style="margin-bottom: 20px;"> v. _____ _____ _____ </div> <div> Defendant/Respondent in the trial court (<i>First, middle, last name</i>) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div>	<div style="margin-bottom: 20px;"> Appeal from the Circuit Court of _____ County </div> <div style="margin-bottom: 20px;"> Trial Court Case No: _____ </div> <div> Honorable _____ Judge, Presiding </div>
At the far right, enter the trial court county, trial court case number, and trial judge's name.		

<p>In 1, enter your name. If you do not have a lawyer, enter your information to the right. If you are a lawyer entering an appearance for a client, enter your client's information in 1.</p>	<h2 style="margin: 0;">APPEARANCE</h2>
<p>In 2, select only one box. If you do not have a lawyer, select the first box. If you are a lawyer, select the second box and complete your contact information.</p>	<p>1. NAME</p> <p>Name: _____</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <i>First</i> <i>Middle</i> <i>Last Name or Business Name</i> </div> <p style="margin-top: 10px;">Pronouns (optional) <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____</p> <p>Prefix (optional) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Other: _____</p> <p>2. APPEARANCE (check only one box)</p> <p><input type="checkbox"/> I do not have a lawyer and I am entering my own appearance in this case. With this form, I am telling the court that I am participating in this case.</p> <p>- OR -</p> <p><input type="checkbox"/> I am a lawyer entering my appearance for the client (listed in #1) in this case:</p> <p style="margin-top: 10px;">_____</p> <p style="margin-left: 40px;"><i>Attorney (First, Middle, and Last Name)</i></p> <p style="margin-top: 10px;">_____</p> <p style="margin-left: 40px;"><i>Firm Name</i></p>
<p>In 3, select the box to show what party you are in the appeal. Check only one box.</p>	<p>3. I AM THE (If a lawyer, check the box next to the party you are representing) (check only one box)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Plaintiff/Petitioner-Appellant </div> <div style="width: 50%;"> <input type="checkbox"/> Plaintiff/Petitioner-Appellee </div> <div style="width: 50%;"> <input type="checkbox"/> Defendant/Respondent-Appellant </div> <div style="width: 50%;"> <input type="checkbox"/> Defendant/Respondent-Appellee </div> <div style="width: 50%;"> <input type="checkbox"/> Other: _____ </div> </div>

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name. Fill in your address, telephone number, and email address, if you have one.

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Email

Telephone

Firm Name (if any)

Attorney # (if any)

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.

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

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.

A. I am sending the Appearance:

To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

By: ☐ Electronically to the email address in **A**:☐ 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 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

Fill in the date and time that you are sending the document.

This document will be sent on:

Date:

Month, Day, Year

Time:

Include AM or PM

Then, check the box to show how you are sending the document.

Fill in the date and time that you are sending the document.
In C, if you are not sending it to a 3 rd person or lawyer, check the box and leave the rest of C blank. If you are sending it to another 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 lawyer's information.
Then, check the box to show how you are sending the document.

Enter the Appellate Court Case Number: _____

☐ 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 **C**, 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 **C**, 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*

Fill in the date and time that you are sending the document.

If you are sending your document to more than 3 people or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

☐ I am sending the *Appearance* to more than 3 people and have completed an *Additional Proof of Delivery* 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.

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

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.

/s/

Your Signature

Print Name

☐ I am completing this form for myself.

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.

Only complete this section if you are a licensed attorney completing the form.

☐ 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

Lawyer Address