

IMPORTANT NOTICE – Appellants Only:	Only fill out this section if you are the appellant and you will rely only on your <i>Petition for Leave to Appeal</i>. If you are filing a <i>Brief</i>, remove this section and skip to the Proof of Delivery section below.
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STANDARD OF REVIEW FOR EACH ISSUE
 [Refer to Illinois Supreme Court Rule [341\(h\)\(3\)](#)]

Write the 1st issue that you want the Supreme Court to decide according to your Argument in your *Petition for Leave to Appeal*.

Standard of review is how much respect the Supreme Court must give to the lower court rulings. The standard of review affects how the Supreme Court will decide the appeal and depends on the type of mistake that was made by the jury or by the trial court.

Check the boxes for the standards of review that apply to this issue. Check all that apply.

On the “Authority for standard of review” line, write the case citation(s) that says that the standard of review you chose applies to this issue.

1. Whether the trial court or jury or appellate court (*check one*)

made a mistake by: ruling on the Dismissal of the In-Concert

Claims for Breaching Custody Orders by Kidnapping the Children.

Standard of review (*check all that apply to your 1st issue*):

Whether the case involves a mistake in applying the law. (This is **de novo** review.)

Whether the case involves a mistake in deciding the facts. (This is **manifest weight of the evidence** review.)

Whether the case involves a mistake in conducting the trial procedure. (This is **abuse of discretion** review.)

Other: _____

Authority for standard of review: _____

E-FILED
 10/9/2024 1:08 PM
 CYNTHIA A. GRANT
 SUPREME COURT CLERK

IMPORTANT NOTICE – Appellants Only:	Only fill out this section if you are the appellant and you will rely only on your <i>Petition for Leave to Appeal</i>. If you are filing a <i>Brief</i>, remove this section and skip to the Proof of Delivery section below.
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STANDARD OF REVIEW FOR EACH ISSUE
 [Refer to Illinois Supreme Court Rule [341\(h\)\(3\)](#)]

Write the 2nd issue that you want the Supreme Court to decide according to your Argument in your *Petition for Leave to Appeal*.

If you did not discuss a 2nd issue, remove this page and the following page.

Check the boxes for the standards of review that apply to this issue. Check all that apply.

In the “Authority for standard of review” line, write the case citation(s) that says that the standard of review you chose applies to this issue.

2. Whether the trial court or jury or appellate court (*check one*)

made a mistake by: Not Ruling on the Claim Viera Makes.

Standard of review (*check all that apply to your 2nd issue*):

- Whether the case involves a mistake in applying the law. (This is **de novo** review.)
- Whether the case involves a mistake in deciding the facts. (This is **manifest weight of the evidence** review.)
- Whether the case involves a mistake in conducting the trial procedure. (This is **abuse of discretion** review.)

Other: _____

Authority for standard of review: _____

**IMPORTANT
NOTICE –
Appellants Only:**

Only fill out this section if you are the appellant and you will rely only on your *Petition for Leave to Appeal*. If you are filing a *Brief*, remove this section and skip to the Proof of Delivery section below.

STANDARD OF REVIEW FOR EACH ISSUE
[Refer to Illinois Supreme Court Rule [341\(h\)\(3\)](#)]

Write the 3rd issue that you want the Supreme Court to decide according to your Argument in your *Petition for Leave to Appeal*.

If you did not discuss a 3rd issue, remove this page.

Check the boxes for the standards of review that apply to this issue. Check all that apply.

In the "Authority for standard of review" line, write the case citation(s) that says that the standard of review you chose applies to this issue.

3. Whether the trial court or jury or appellate court (*check one*)
made a mistake by: not Allow Custodial Parents to Recover Expenses
Incurred in Reobtaining Custody of Kidnapped Children and Whether Viera
had an ICARA Remedy.

Standard of review (*check all that apply to your 3rd issue*):

- Whether the case involves a mistake in applying the law. (This is **de novo** review.)
- Whether the case involves a mistake in deciding the facts. (This is **manifest weight of the evidence** review.)
- Whether the case involves a mistake in conducting the trial procedure. (This is **abuse of discretion** review.)

Other: _____

Authority for standard of review: _____

PROOF OF DELIVERY

In **A**, enter the name, mailing address, and email address of the person you are sending the document to. 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 *Notice of Election***To:**Name: Peter Ordower*First**Middle**Last*Address: 161 N. Clark Street, Suite 2500 Chicago, IL 60601*Street, Apt #**City**State**ZIP*Email address: po@chicagolawsuits.com**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 IntersectionCityState

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.

In **B**, if you are **not** sending it to a 2nd person or lawyer, check the box and leave the rest of **B** blank. If you **are** sending it to more than 1 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.

This document will be sent on:Date: 10/09/2024*Month, Day, Year*Time: 2:00 PM*Include AM or PM*

B. I am **not** sending this *Notice of Election* to another person or lawyer.

I **am** sending this *Notice of Election* to an additional person or lawyer, not listed in

A:**To:**Name: Stephen J. Cullen*First**Middle**Last*Address: 1201 Pennsylvania Avenue, NW Suite 900, Washington, DC 20004*Street, Apt #**City**State**ZIP*Email address: scullen@milesstockbridge.com**By:** Electronically to the email address in **B**: 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 **B**, 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 **B**, 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: 10/09/2024 Time: 02:00 PM
Month, Day, Year Include AM or PM

C. I am **not** sending this *Notice of Election* to another person or lawyer.
 I **am** sending this *Notice of Election* to an additional person or lawyer, not listed in **B**:

To:

Name: Kelly A. Powers
First Middle Last

Address: 1201 Pennsylvania Avenue, NW Suite 900, Washington, DC 20004
Street, Apt # City State ZIP

Email address: kpowers@milesstockbridge.com

By: Electronically to the email address in **C**:
 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.

In **C**, if you are **not** sending it to a 3rd 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.

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:

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

Date: 10/09/2024
Month, Day, Year

Time: 02:00 PM
Include AM or PM

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 *Notice of Election* 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.

I certify under [735 ILCS 5/1-109](#) that everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and I understand that making a false statement on this form is perjury and has penalties provided by law.

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.

/s/ Thomas Kaynock
Your Signature

200 W Monroe Street, Suite 2025
Street Address

Thomas Kanyock
Print Your Name

Chicago, IL 60606
City, State, ZIP

Enter your complete address, telephone number, and email address, if you have one.

(312) 233-1699
Telephone

tkanyock@pattersonlawfirm.com
Email

Patterson Law Firm, LLC
Firm Name (if any)

45052
Attorney # (if any)

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or documents from other parties or from the court.

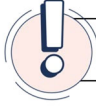


ADDITIONAL PROOF OF DELIVERY

IN THE STATE OF ILLINOIS, CIRCUIT COURT

130931

Case Number



Use this only if you are sending your court document to more than 2 people.

PROOF OF DELIVERY

Fill out the information below to show how you are sending the documents listed to **additional people in the case**. If a person in the case has a lawyer, **you must send the documents to their lawyer**.

C. I am sending this *Proof of Delivery* and the previously listed court documents to an additional person:

Name: _____
First Middle Last Name

Address: _____
Street, Apt. # City State Zip Code

Email Address: _____

By: Electronically to the email address in C:

By email (*not through an EFSP*).

Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending them by:

Mail or third-party carrier to the address in C, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

Mail to the address in C, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

D. I am not sending these documents to additional people.

- OR -

I am sending these documents to an additional person not already listed:

Name: Sasha Hodge-Wren
First Middle Last Name

Address: 1201 Pennsylvania Avenue, NW Suite 900, Washington, DC 20004
Street, Apt. # City State Zip Code

Email Address: shodgewren@milesstockbridge.com

By: Electronically to the email address in D:

By email (*not through an EFSP*).

Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending them by:

Mail or third-party carrier to the address in **D**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

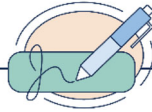
Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

Mail to the address in **D**, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: 10/09/2024 Time: 02:00 PM
Month, Day, Year Include AM or PM



SIGN

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

1) certify that everything in this document is true and correct, and 2) 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.

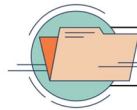
Your Signature /s/Thomas Kanyock Print Your Name Thomas Kanyock

Your Address 200 W Monroe Street, Suite 2025, Chicago, IL 60606
Street, Apt. # City State Zip Code

Your Phone Number (312) 233-1699 Attorney Number (if any) 45052

Your Email (if you have one) tkanyock@pattersonlawfirm.com

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



File this form with your *Proof of Delivery*.