STATE OF IL CIRCUIT C		ANSWER/RESPONSE TO COMPLAINT/PETITION				For Court U	ise Only
Instructions ▼ Directly above, enter the name of the county where the case was filed.							
Enter the name of the person or company that filed this case as Plaintiff/Petitioner.	Plaintiff / Petit	i <b>oner</b> (First, middle, i	last name or Cor	mpany)	-		
Enter your name as the Defendant/ Respondent.							
Enter the Case Number given by the Circuit Clerk.	Defendant / Re	espondent (First, mic	ddle, last name)			Case Num	nber
In <b>1</b> , enter your full name.	1. My name	is: <i>First</i>	Middl	e		Last	
<ul> <li>In 2, enter the number and letter of each paragraph and subparagraph in the Complaint/Petition.</li> <li>Check "Admit" if you agree all of the statements in the</li> </ul>		the Defendant/Res er/Response to Co h Subpa	spondent.	n is:	Admit	Deny	Do Not Know
<ul> <li>paragraph are true; or</li> <li>Check "Deny" if you disagree with any of the statements in the paragraph; or</li> </ul>					Admit Admit Admit Admit Admit	Deny Deny Deny Deny Deny Deny Deny Deny	<ul> <li>Do Not Know</li> </ul>
• Check "Do Not Know" if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.					Admit Admit Admit Admit Admit Admit Admit	<ul> <li>Deny</li> </ul>	<ul> <li>Do Not Know</li> </ul>
If you run out of space, list additional paragraphs on an Additional Paragraphs for Answer/Response to Complaint/Petition form, check the box, and file it with this	Con If the Compl	aint/Petition form.	rified by oath,	ne Addi	Admit itional Pa certify	Deny	Do Not Know
form <u>735 ILCS 5/2-605(a)</u> requires that if the Complaint/Petition is verified by oath that the Answer/Response		ue and correct. I un has penalties prov			-		nt on this form is

*to Complaint/Petition* must also be verified.

Enter the Case Number given by the Circuit Clerk: \_\_\_\_

735 ILCS 5/2-610(b) Where I answer "Do Not Know" to paragraphs in section 2, above, I certify that I do not requires that you have enough information to admit or deny the statements in these paragraphs. I swear to a lack of understand that making a false statement on this form is perjury and has penalties knowledge if you cannot admit or deny provided by law under 735 ILCS 5/1-109. any of the statements in the Complaint/Petition. /s/ Your Signature Street Address IL Supreme Court Rule 137 requires the Answer/Response to *Complaint/Petition* be Your Name City, State, ZIP signed. If you are completing this form on a Telephone computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. 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 notice of court dates. Other parties may still send you court documents by mail.

□ I agree to receive court documents at this email address during my entire case.

Email

1.

**PROOF OF DELIVERY** 

I sent this document:

## 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.

a.	To: Name:						
	Name.	First	Middle	Last			-
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		Street, Apt #	Cit	ty	State	ZIP	
	Email ad	dress:					
b.	Ву: 🗌	Personal hand delive Regular, First-Class	ery Mail, put into the U.S. M	ail with postage	paid at:		
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		Name (for example, Fe	edEx or UPS ) and office ad	ldress			-
		The court's electroni	ic filing manager (EFM) o	or an approved e	electronic	filing	
		service provider (EF	SP)				
		Email (not through an	EFM or EFSP)				
		Mail from a prison of	r jail at:				

Name of prison or jail

Enter the Case Number given by the Circuit Clerk: \_\_\_\_

In <b>c</b> , fill in the date and time that you sent the document.		C.	On: Dat At:	a	.m. 🗌 p.m.			
In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise	2.	l se a.	ent this document:					
leave <b>2</b> blank.			Name:					
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In <b>3</b> , if you sent the document to more than 2 parties or lawyers, fill	3.	lse	ent this do	cument:				
in <b>a</b> , <b>b</b> , and <b>c</b> . Otherwise leave <b>3</b>		a.	To:					
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Name of prison or jail

Enter the Case Number given by the Circuit Clerk: \_\_\_\_

	c. On:	
If you sent your	Date	
document to more than	At: 🗌 a.m. 🗍 p.m.	
3 parties or lawyers,	Time	
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the Additional Proof of	☐ I have completed an Additional Proof of Delivery fo	rm
Dolinam with this		

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.

Delivery with this

form.

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.

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

Street Address

Print Your Name

City, State, ZIP

Telephone