This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts. For Court Use Only STATE OF ILLINOIS, **IDENTITY THEFT AFFIDAVIT CIRCUIT COURT** (Credit Card or Debt Buyer Collection Action) COUNTY **Instructions ▼** Directly above, enter the name of the county where the case was filed. Plaintiff (First, middle, last name) Enter the name of the person who started the lawsuit as Plaintiff. V. Enter the name of the person being sued as Defendant. Enter the Case Defendant (First, middle, last name) Number given by the Case Number Circuit Clerk. Complete this form and 1. I am the defendant in this lawsuit. file it with the Circuit Clerk. You must also 2. This lawsuit is about a debt that I did not create. Someone stole my identity and used my complete the Illinois Attorney General identity to create the debt. Identity Theft Affidavit and send it to the other party. 3. I have completed an Illinois Attorney General Identity Theft Affidavit. I am mailing the You can find it here: www.ag.state.il.us/publ Illinois Attorney General Identity Theft Affidavit, along with all required documentation, to ications/pdf/victim.pdf the plaintiff. Do not file it with the Circuit Clerk. Sign and print your name in front of an Your Signature Street Address official Illinois notary public. Enter your complete address and telephone Print Your Name City, State, ZIP number. Telephone **DO NOT** complete this **Notary Public** section. The notary will complete it. State of Illinois County of Signed and sworn to before me on Name Date Signature of Notary Seal

SC-AF 3600.1 Page 1 of 3

Enter the Case Number given by the Circuit Clerk:	
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PROOF OF DELIVERY

1.

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.

2.

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Name of prison or jail

service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail 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

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After you finish this form, sign and print your name.	Prin	nt Yo	our Na	me				ity, State, ZIP			
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.	Tek	əpho	one								

SC-AF 3600.1 Page 3 of 3