

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

MUNICIPAL DEPARTMENT/ _____ DISTRICT

| | | |
|----|------------|----------------|
| | Plaintiff | Case No. _____ |
| v. | | |
| | Defendant | |
| | Respondent | |

CITATION TO DISCOVER ASSETS TO A THIRD PARTY

To: _____

YOU ARE REQUIRED to either file your answer to this Citation on the form appearing on the reverse side or

appear on _____ before 9:30 am in Courtroom _____ located at:

Richard J Daley Center
 50 W Washington
 Chicago, IL 60602
 District 2 - Skokie
 5600 Old Orchard Rd
 Skokie, IL 60077
 District 3 - Rolling Meadows
 2121 Euclid
 Rolling Meadows, IL 60008

District 4 - Maywood
 1500 Maybrook Ave
 Maywood, IL 60153
 District 5 - Bridgeview
 10220 S 76th Ave
 Bridgeview, IL 60455
 District 6 - Markham
 16501 S Kedzie Pkwy
 Markham, IL 60428

Judgment was entered on _____ in favor of Plaintiff _____ and
 against Defendant(s) _____ in this court under case number _____ in the sum
 of \$ _____. There is now due, less credit and off-set, sum of \$ _____ (Judgment Balance). Further
 sums may become due as costs and interests accrue.

Your answer will inform the Court as to property you may hold belonging to (Judgment Debtor).

You are prohibited from making or allowing any transfer or other disposition of, or interfering with, any property
 not exempt from the enforcement of a judgment, a deduction order or garnishment, property belonging to the
 judgment debtor or to which s/he may be entitled or which may thereafter be acquired by or become due to him
 or her, and from paying over or otherwise disposing of any monies not so exempt, which are due to the judgment
 debtor. This prohibition shall remain in effect until further order of court or termination of the proceeding. You
 are not required to withhold the payment of any monies beyond double the amount of the total sum due the
 judgment creditor.

If the account consists solely of funds that can be identified as exempt under federal or state law, you are PROHIBITED from FREEZING THE ACCOUNT and YOU MUST RESPOND that the account consists solely of exempt funds. Deposited funds that are exempt under federal and state law include Social Security, SSI, veteran's benefits, Railroad Retirement benefits, public assistance benefits, unemployment compensation benefits and/or circuit breaker property tax relief benefits.

WARNING: Your failure to comply with the citation proceeding may result in a judgment being entered against you for the unsatisfied amount of this judgment. 735 ILCS 5/2-1402(f)(1).

WARNING: Your failure to appear in court or file you answer as directed may cause you to be arrested and brought before the court to answer to a charge of contempt of court, which may be punishable by imprisonment in the county jail.

CERTIFICATION BY JUDGMENT CREDITOR OR ATTORNEY FOR JUDGMENT CREDITOR

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that the above information regarding the amount of the judgment, the date of the judgment, or its revival date, the balance due thereon, the name of the court and the number of the case is true and correct.

Atty. No.: _____

Signature: _____

Atty Name: _____

Atty. for: _____

Address: _____

Seal of Court

City: _____ State: _____

Zip: _____

Telephone: _____

Primary Email: _____

Clerk of the Court _____

ANSWER OF THIRD PARTY RESPONDENT CITATION

This first section must be filled out by the judgment creditor.

Citation/Respondent: _____ Court Date: _____

Defendant's Name _____ SSN. xxx-xx- _____ Case No. _____

Judgment Balance: \$ _____

This is a Citation: Freeze up to double the Judgment Balance

INTERROGATORIES

1. On the date of service of the citation, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor? Yes No

If the answer is "yes" go to the next question. If "no", go to the instructions.

2. Is this an IRA account? Or have all of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions? Yes No

If the answer is "yes" go to the next question. If "no", go to the instructions.

3. Is/Are the account(s)' current balance(s) equal to or less than the total of the exempt deposits? Yes No

If you answered "yes" to all three (3) questions and funds in the account(s) are exempt, do not freeze the funds. Go to the "instructions" below.

Table with 3 columns: Account Type, Account Balance, Amount Withheld. Rows include Savings Account, Check/MMA/Now Account, Certificate of Deposit, Trust Account/Other.

(Describe) _____

E. Safety Deposit Yes No

F. Land Trust No. _____

G. Less Right of Offset for Loans \$ _____

Total Amount Frozen: \$ _____

5. List all electronic deposits into account(s) and their source(s) except deposits:

Table with 3 columns: Account No., Source, Monthly Amount. Three rows for listing deposits.

6. List all joint account holders or adverse claimants:

Name _____

Name _____

Address _____

Address _____

Account Information:

Type Checking CD Savings

Account Information:

Type Checking CD Savings

Account Number: _____

Account Number: _____

Name _____

Address _____

Account Information:

Type Checking CD Savings

Account Number: _____

INSTRUCTIONS

File this Answer at least three (3) days before the court date to assure timely processing

1. Complete the Answer of Third Party Respondent Citation section on this form.
2. Complete and sign the certification at the bottom of this page.
3. File this affidavit electronically by visiting www.cookcountyclerkofcourt.org and proceed with the eFile process.

CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s).

Atty. No.: _____

Agent Name

Atty Name: _____

Atty. for: _____

Agent Signature

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Primary Email: _____