

IN THE CIRCUIT COURT OF THE COOK COUNTY, ILLINOIS

Plaintiff/Petitioner

v.

No.

Defendant/Respondent

OBJECTION TO WITHDRAWAL OF LIMITED SCOPE APPEARANCE (3291)

I, \_\_\_\_\_, object to my attorney's Notice of Withdrawal of Limited Scope Appearance filed on \_\_\_\_\_, \_\_\_\_\_.

My attorney has not finished everything s/he had agreed to do in the Notice of Limited Scope Appearance. I understand this is the only basis for me to present a valid objection to my attorney's notice of withdrawal. The specific services that my attorney has not completed are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my objection will be set for a court hearing and I will be required to appear at that hearing and explain to a judge what services my attorney has not completed that s/he had agreed to do for me.

By: \_\_\_\_\_

Pro Se 99500

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Service via Email will be accepted at:

\_\_\_\_\_ by consent pursuant to Ill. Sup. Court Rules 11 and 131.

Signature of Party

Date: \_\_\_\_\_, \_\_\_\_\_

**Proof of Filing and Service**

I certify that this Objection has been filed with the court on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and on the same day I served this Objection on the following by the method checked below for each.

List the name and address for each of the following:

**Attorney Who Represented Client:**

\_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City State Zip Code

**Method of Service:**  US Mail, Postage Prepaid  Personal Delivery  Email  Messenger  Facsimile

**Client:**

\_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City State Zip Code

**Method of Service:**  US Mail, Postage Prepaid  Personal Delivery  Email  Messenger  Facsimile

**Other Counsel of Record:**

\_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City State Zip Code

**Method of Service:**  US Mail, Postage Prepaid  Personal Delivery  Email  Messenger  Facsimile

**Unrepresented Party:**

\_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City State Zip Code

**Method of Service:**  US Mail, Postage Prepaid  Personal Delivery  Email  Messenger  Facsimile

\_\_\_\_\_  
Signature of Party