

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT - PROBATE DIVISION

Case No. \_\_\_\_\_ Calendar \_\_\_\_\_

Estate of \_\_\_\_\_

**CLAIM**

1. Claimant \_\_\_\_\_ has a claim for  
[name]  
\$ \_\_\_\_\_ against this estate.

2. The nature of the claim\*

**\*When the claim is based upon a written instrument, a copy of the instrument must be attached. When the claim is based on tort, so state.**

Attorney Number \_\_\_\_\_

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorneys for \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
[signature of Claimant]

\_\_\_\_\_  
[address]

\_\_\_\_\_  
[city/state/zip]

\_\_\_\_\_  
[telephone]

**HEARING ON CLAIM SCHEDULED**

Hearing has been scheduled on \_\_\_\_\_ at \_\_\_\_\_ M in Room \_\_\_\_\_,  
[date] [time]

Richard J. Daley Center, 50 W. Washington Street, Chicago, Illinois 60602.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ a copy of this claim was \_\_\_\_\_  
[date] (mailed) (delivered in person)

to \_\_\_\_\_  
[representative]

and to \_\_\_\_\_  
[attorney for representative]

Signed and sworn to before me by the agent for Claimant \_\_\_\_\_  
on \_\_\_\_\_, 20\_\_\_\_\_. [signature of attorney for Claimant or agent for Claimant]

\_\_\_\_\_  
[signature of Notary Public]

*Unless the representative or his/her attorney waives in writing the mailing or delivery of a copy of the claim or consents in writing to the allowance of the claim, the claimant shall cause a copy of the claim to be mailed or delivered to the representative and to his/her attorney of record, if any, and shall file proof of such mailing or delivery within 10 days after the filing of the claim.*

**WAIVER OF SERVICE**

On \_\_\_\_\_, I hereby waive mailing and delivery of the copy of the claim.  
[date]

\_\_\_\_\_  
[signature of representative or attorney for representative]

**CONSENT TO CLAIM**

On \_\_\_\_\_, I consent to the allowance of this claim in the amount of  
[date]

\$ \_\_\_\_\_ as a \_\_\_\_\_ class claim against the estate.  
[amount of claim allowed] [class of claim]

\_\_\_\_\_  
[signature of representative or attorney for representative]