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| <p>Instructions ▼</p> <p>Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child.</p> | <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). |
| <p>Just below "Appeal to the Appellate Court of Illinois," enter the number of the appellate district that will hear the appeal and the county of the trial court.</p> | <p>APPEAL TO THE APPELLATE COURT OF ILLINOIS</p> <p>_____ District</p> <p>from the Circuit Court of</p> <p>_____ County</p> |
| <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party is filing the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> | <p>In re _____</p> <p>_____</p> <p>Plaintiff/Petitioner (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> <p>v.</p> <p>_____</p> <p>Defendant/Respondent (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</p> |
| <p>To the far right, enter the trial court case number and trial judge's name.</p> | <p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p> |

NOTICE OF APPEAL

In **1**, check the type of appeal.

For more information on choosing a type of appeal, see *How to File a Notice of Appeal*.

1. Type of Appeal:

- Appeal
- Interlocutory Appeal
- Joining Prior Appeal
- Separate Appeal
- Cross Appeal

In **2**, list the name of each person filing the appeal and check the proper box for each person.

2. Name of Each Person Appealing:

Name: _____

| | | |
|----------------------------------------------|-----------------------------------------------|-------------|
| <i>First</i> | <i>Middle</i> | <i>Last</i> |
| <input type="checkbox"/> Plaintiff-Appellant | <input type="checkbox"/> Petitioner-Appellant | |
| OR | | |
| <input type="checkbox"/> Defendant-Appellant | <input type="checkbox"/> Respondent-Appellant | |

Name: _____

| | | |
|----------------------------------------------|-----------------------------------------------|-------------|
| <i>First</i> | <i>Middle</i> | <i>Last</i> |
| <input type="checkbox"/> Plaintiff-Appellant | <input type="checkbox"/> Petitioner-Appellant | |
| OR | | |
| <input type="checkbox"/> Defendant-Appellant | <input type="checkbox"/> Respondent-Appellant | |

In 3, identify every order or judgment you want to appeal by listing the date the trial court entered it.

3. List the date of every order or judgment you want to appeal:

Date

Date

Date

In 4, state what you want the appellate court to do. You may check as many boxes as apply.

4. State your relief:

reverse the trial court's judgment (*change the judgment in favor of the other party into a judgment in your favor*) and send the case back to the trial court for any hearings that are still required;

vacate the trial court's judgment (*erase the judgment in favor of the other party*) and send the case back to the trial court for a new hearing and a new judgment;

change the trial court's judgment to say: _____

order the trial court to: _____

other: _____

and grant any other relief that the court finds appropriate.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name. Fill in your address and telephone number.

/s/

Your Signature

Street Address

Your Name

City, State, ZIP

Telephone

Additional Appellant Signature

All appellants must sign this form. Have each additional appellant sign the form here and enter their name, address, and telephone number.

Signature

Street Address

Name

City, State, ZIP

Telephone

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

PROOF OF SERVICE (You must serve the other party and complete this section)

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 **1c**, 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.

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid 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 service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

2. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid 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 service provider (EFSP)

Email (not through an EFM or EFSP)

Enter the Case Number given by the Appellate Clerk: _____

Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid 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 service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more Additional Proof of Service forms after this page.

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

Print Your Name

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.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.