

<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> <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>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>To the far right, enter the trial court case number, the trial judge's name, and the Supreme Court Rule that allows the appellate court to hear the appeal.</p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). </div> <div style="text-align: center; margin-bottom: 20px;"> <p>APPEAL TO THE APPELLATE COURT OF ILLINOIS</p> <p>_____ District</p> <p>from the Circuit Court of</p> <p>_____ County</p> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none; vertical-align: top; padding: 10px;"> <p>In re _____</p> <p>_____</p> <p>_____</p> <p>Plaintiffs/Petitioners (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Defendants/Respondents (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> </td> <td style="width: 35%; border: none; vertical-align: top; padding: 10px;"> <p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p> <p>Supreme Court Rule:</p> <p>_____</p> </td> </tr> </table>	<p>In re _____</p> <p>_____</p> <p>_____</p> <p>Plaintiffs/Petitioners (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p> <p>v.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Defendants/Respondents (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> Appellants <input type="checkbox"/> Appellees</p>	<p>Trial Court Case No.:</p> <p>_____</p> <p>Honorable</p> <p>_____</p> <p>Judge, Presiding</p> <p>Supreme Court Rule:</p> <p>_____</p>
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NOTICE OF APPEAL (CIVIL)

<p>In 1, check the type of appeal.</p> <p>For more information on choosing a type of appeal, see <i>How to File a Notice of Appeal</i>.</p>	<p>1. Type of Appeal:</p> <p><input type="checkbox"/> Appeal</p> <p><input type="checkbox"/> Interlocutory Appeal</p> <p><input type="checkbox"/> Joining Prior Appeal</p> <p><input type="checkbox"/> Separate Appeal</p> <p><input type="checkbox"/> Cross Appeal</p>								
<p>In 2, list the name of each person filing the appeal and check the proper box for each person.</p>	<p>2. Name of Each Person Appealing:</p> <p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><i>First</i></td> <td style="text-align: center; width: 33%;"><i>Middle</i></td> <td style="text-align: center; width: 33%;"><i>Last</i></td> </tr> <tr> <td><input type="checkbox"/> Plaintiff-Appellant</td> <td><input type="checkbox"/> Petitioner-Appellant</td> <td></td> </tr> </table> <p style="text-align: center; margin: 10px 0;">OR</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Defendant-Appellant</td> <td><input type="checkbox"/> Respondent-Appellant</td> </tr> </table>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<input type="checkbox"/> Plaintiff-Appellant	<input type="checkbox"/> Petitioner-Appellant		<input type="checkbox"/> Defendant-Appellant	<input type="checkbox"/> Respondent-Appellant
<i>First</i>	<i>Middle</i>	<i>Last</i>							
<input type="checkbox"/> Plaintiff-Appellant	<input type="checkbox"/> Petitioner-Appellant								
<input type="checkbox"/> Defendant-Appellant	<input type="checkbox"/> Respondent-Appellant								

Name: _____
 First *Middle* *Last*
☐ Plaintiff-Appellant ☐ Petitioner-Appellant
OR
☐ Defendant-Appellant ☐ 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, telephone number, and email address, if you have one.

/s/ _____
Your Signature *Street Address*

Your Name _____
City, State, ZIP

Email _____
Telephone _____
Attorney # (if any)

Additional Appellant Signature

/s/ _____
Signature *Street Address*

Name _____
City, State, ZIP

Email _____
Telephone _____
Attorney # (if any)

All appellants must sign this form. Have each additional appellant sign the form here and enter their complete name, address, telephone number, and email address, if they have one.

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.

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.

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

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.

1. I sent this document:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email (*not through an EFSP*)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On:

Date

At:

Time

☐

a.m.

☐

p.m.

2. I sent this document:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email (*not through an EFSP*)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

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☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On:

Date

At:

Time

☐

a.m.

☐

p.m.

In 3, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

3. I sent this document:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

b. By:

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c. On:

Date

At:

Time

☐

a.m.

☐

p.m.

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.

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

Attorney # (if any)