

<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>Enter the appellate court case number.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as they appeared in the trial court documents. Below each party name check either Appellant if the party filed the appeal or Appellee if the party is responding to the appeal.</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<p><input type="checkbox"/> THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</p> <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;">IN THE APPELLATE COURT OF ILLINOIS</p> <p style="text-align: center;">_____ District</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top; padding: 5px;"> <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> </td> <td style="width: 40%; border: none; vertical-align: top; padding: 5px;"> <p>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p> </td> </tr> </table>	<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>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</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>Appeal from the Circuit Court of _____ County</p> <p>Trial Court Case No.: _____</p> <p>Honorable _____</p> <p>Judge, Presiding</p>		

BYSTANDER'S REPORT

In 1, enter all of the hearing or trial dates that you will describe in this *Bystander's Report*. You also must enter the time each hearing or trial started and the name of the judge.

1. Dates of Hearing or Trial:

- a. Date: _____ Time: _____ a.m. p.m. Judge: _____
- b. Date: _____ Time: _____ a.m. p.m. Judge: _____
- c. Date: _____ Time: _____ a.m. p.m. Judge: _____
- d. Date: _____ Time: _____ a.m. p.m. Judge: _____
- e. Date: _____ Time: _____ a.m. p.m. Judge: _____
- f. Date: _____ Time: _____ a.m. p.m. Judge: _____
- g. Date: _____ Time: _____ a.m. p.m. Judge: _____

In 2, describe exactly what the judge, the parties, the witnesses, and the lawyers said or did in court during the hearings or trial, including any rulings the judge made. Be sure to include the date of each hearing. Use as much detail as you can. It is best to describe things in the order that they happened.

2. **This is what happened in my case, starting with the first hearing listed above and ending with the final ruling made by the judge. Specifically:**

If you need more room, check the box and fill out an *Additional Bystander's Report Information* form. Insert it after this page.

I have completed an *Additional Bystander's Report Information* form.

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.

/s/
Your Signature

Street Address

Print Your Name

City, State, ZIP

Enter your address and telephone number.

Telephone

DO NOT fill out this section. The judge will sign and date the form here.

APPROVED

Judge

Date

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 **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: 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

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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

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

- I have completed an *Additional Proof of Service* form.

If you are serving more than 3 parties or lawyers, check the box and fill out an *Additional Proof of Service* form. Insert it after this page.

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.

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

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.