

<b>Instructions ▼</b> Make this cover page light yellow. Check the box to the right if your case involves custody, visitation, or removal of a child. Enter the Appellate Court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. 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 filed the appeal ("appellant") and which party is responding to the appeal ("appellee"). To the far right, enter the trial court county, trial court case number, and trial judge's name.	<input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b>  <p style="text-align: center;">Appellate Case No.: _____</p> <p style="text-align: center;"><b>IN THE APPELLATE COURT OF ILLINOIS</b></p> <p style="text-align: center;">_____ District</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none; vertical-align: top;"> <p><b>In re</b> _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>    <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <hr/> <p><b>Defendant/Respondent</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>    <input type="checkbox"/> <b>Appellee</b></p> </td> <td style="width: 35%; border: none; vertical-align: top; padding-left: 20px;"> <p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p> </td> </tr> </table>	<p><b>In re</b> _____</p> <hr/> <p><b>Plaintiff/Petitioner</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>    <input type="checkbox"/> <b>Appellee</b></p> <p>v.</p> <hr/> <p><b>Defendant/Respondent</b> (<i>First, middle, last names</i>)</p> <p><input type="checkbox"/> <b>Appellant</b>    <input type="checkbox"/> <b>Appellee</b></p>	<p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p>
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### PETITION FOR REHEARING

Add your:  
 1) Name;  
 2) Address;  
 3) Phone number; and  
 4) Email address.

**NOTE:** insert your email address only if you agree to receive court documents by email.

**Your Information**

Name: \_\_\_\_\_  
First                      Middle                      Last

Address: \_\_\_\_\_  
Street, Apt #                      City                      State                      ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ARGUMENT**

[Refer to [Illinois Supreme Court Rule 367\(b\)](#)]

Briefly state the 1st point that the appellate court overlooked or misunderstood.

1. The appellate court overlooked or misunderstood the fact that \_\_\_\_\_

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

Do not repeat your original argument. Instead, explain why the appellate court’s decision was wrong. To help you do this, use authorities (cases, statutes (laws), etc.) and references to the pages of the record. Refer to pages of the common law record as “C [page].” Refer to pages of the report of proceedings as “R [page].”

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Starting with this page, number the pages of your petition 1, 2, 3, etc. (This page is numbered for you.)

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





















Briefly state the 3rd point that the appellate court overlooked or misunderstood.

If you don't have a 3rd point, remove this page and the following argument pages.

Do not repeat your original argument. Instead, explain why the appellate court's decision was wrong. To help you do this, use authorities (cases, statutes (laws), etc.) and references to the pages of the record. Refer to pages of the common law record as "C [page]." Refer to pages of the report of proceedings as "R [page]."

3. The appellate court overlooked or misunderstood the fact that \_\_\_\_\_

Multiple horizontal lines for writing the argument.







Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

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Rule 341(a) governs the form of a *Petition for Rehearing*, and Rule 367(a) governs the length. Unless a motion to file a longer *Petition for Rehearing* is granted, the *Petition for Rehearing* (not counting the pages listed) must be no more than 27 pages OR no more than 8,100 words.

If your *Petition for Rehearing* is within the page limit, add the number of pages in your *Petition for Rehearing* (not counting the pages listed).

If your *Petition for Rehearing* is not within the page limit, but is within the word limit, add the number of words in your *Petition for Rehearing* (not counting the pages listed).

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.

**CERTIFICATE OF COMPLIANCE**  
[Refer to [Illinois Supreme Court Rule 341\(c\)](#)]

I certify that this *Petition for Rehearing* conforms to the requirements of Supreme Court Rules 341(a) and 367(a). The length of this *Petition for Rehearing*, excluding the pages or words contained in the Rule 341(d) cover, the Rule 341(c) certificate of compliance, and the certificate of service, is \_\_\_\_\_ pages or words.

\_\_\_\_\_  
*/s/*  
*Signature*

\_\_\_\_\_  
*Print Name*

**PROOF OF SERVICE**

[Refer to [Illinois Supreme Court Rule 11](#)]

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*

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

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Mail from a prison or jail at:

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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: \_\_\_\_\_

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*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.

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

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*

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.

\_\_\_\_\_  
*Print Your Name*