

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	MORTGAGE FORECLOSURE APPEARANCE & ANSWER	<i>For Court Use Only</i>
Instructions ▼		
Directly above, enter the name of the county where the case was filed.		
Enter the name of the bank or mortgage company as Plaintiff.		
Enter your names as Defendants.		
Enter the Case Number from the Complaint you received.	_____ Plaintiff <i>(Name of Bank or Mortgage Company)</i> v. _____ _____ Defendants	_____ Case Number

Enter your full names as Defendants. You will be called "Defendants" on the rest of this form even if there is only one person using this form.

You can file this Appearance & Answer by yourself or with any other Defendants listed in the Complaint you received.

In **A1**, enter the complete address of the property listed in the Complaint.

In **A2**, check "Yes" if you are working with your bank to try to get your mortgage loan changed so that you can keep your house.

In **A3**, check "Yes" if the bank has already changed your mortgage loan.

In **A4**, check "Yes" if you are working with a housing counselor to work through your options in this mortgage foreclosure case. Also list the name of the company the housing counselor works for and the name of the housing counselor.

Defendants: _____
Your Names

submit an Appearance and Answer to the Mortgage Foreclosure Complaint as follows:

A. Defendants provide the following information:

1. The address of the property that is being foreclosed is:

Street Address, Apt #

City *State* *ZIP*

2. Defendants are working with a lender on getting a loan modification:

Yes No

3. Defendants already have an approved loan modification:

Yes No

4. Defendants are working with a housing counselor:

Yes No

The housing counselor works for: _____
Housing Counseling Agency Name

The housing counselor's name is: _____
Housing Counselor's Name

D. Defendants ask the Court to:

1. Order the Plaintiff to pay us for the money we spent on court costs in this case; AND
2. Award other such relief as the court deems just and equitable; OR
3. Set a date for Defendants to appear before the judge.

If the Complaint/Petition is verified by oath, then Defendants certify that their answers above are true and correct understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Where Defendants answer “Do Not Know” to paragraphs in section 2, above, Defendants certify that they do not have enough information to admit or deny the statements in these paragraphs. Defendants understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

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

Each Defendant must sign and print their name, current addresses and phone number. You may not sign on behalf of another Defendant.

[735 ILCS §5/2-605\(a\)](#) requires that if the Complaint/Petition is verified by oath that the *Answer* must also be verified.

[735 ILCS §5/2-610\(b\)](#) requires that you swear to a lack of knowledge if you cannot admit or deny any of the statements in the Complaint/Petition.

[IL Supreme Court Rule 137](#) requires Answer/Response be signed.

If you need more room fill out and file the *Additional Defendant Signatures, Names, & Addresses* form with this form.

/s/ _____
Defendant Signature *Defendant Printed Name*

Street Address, Apt #

City *State* *ZIP* *Phone*

Defendant Signature *Defendant Printed Name*

Street Address, Apt #

City *State* *ZIP* *Phone*

Defendant Signature *Defendant Printed Name*

Street Address, Apt #

City *State* *ZIP* *Phone*

Defendants have completed the *Additional Defendant Signatures, Names, & Addresses* form.

PROOF OF DELIVERY

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

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.

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

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*)

Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

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

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

Enter the Case Number given by the Circuit Clerk: _____

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 attached an *Additional Proof of Delivery* form.

If you sent your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* form with this form.

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 and print your name.

I certify that everything in the Proof of Delivery 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

Street Address

Print Your Name

City, State, ZIP

Telephone