

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>NOTICE OF MOTION TO STAY FORECLOSURE SALE</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b>	<hr/> <b>Plaintiff</b> <i>(Name of Bank or Mortgage Company)</i>  v. <hr/> <hr/> <hr/> <b>Defendants</b>	
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.	<hr/> <b>Case Number</b>	

**In 1a**, enter the date and time of your hearing. The Circuit Clerk will give you the date and time of the hearing when you file your

**In 1b**, enter the address of the court and court room number for the hearing.

**1. Hearing Information**

I filed a *Motion to Stay Foreclosure Sale* with the court.

The hearing for the *Motion* I filed is scheduled for:

a. Date: \_\_\_\_\_ , 20 \_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

b. Address: \_\_\_\_\_  
*Street City State ZIP*

Court Room: \_\_\_\_\_

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 *Notice of Motion to Stay Foreclosure Sale* 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*

After you finish this form, sign and print your name.

Enter your complete current address and telephone number.

\_\_\_\_\_  
*Telephone*

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.

### PROOF OF DELIVERY

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*  
 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

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

I have completed an *Additional Proof of Delivery* 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.

**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

After you finish this form, sign and print your name.

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

\_\_\_\_\_  
City, State, ZIP

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.

\_\_\_\_\_  
Telephone