

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

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 *Motion*.

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

1. Hearing Information

I filed a *Motion to Vacate Default Judgment of Foreclosure* 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.

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.

Enter your complete current address and telephone number.

I certify that everything in the *Notice of Motion to Vacate Default Judgment of Foreclosure* 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

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 with this form.

I have attached 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 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

Street Address

Print Your Name

City, State, ZIP

Telephone

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