

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	NOTICE OF COURT DATE FOR MOTION	<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 person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	_____ Plaintiff / Petitioner (First, middle, last name) V. _____ Defendant / Respondent (First, middle, last name)	_____ 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**, also enter the address of the court and court room number for the hearing.

1. Hearing Information

The reasons for this hearing are listed in the attached papers called *Motion*.

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

a. Date: _____, 20 ____ Time: _____ a.m. p.m.

b. Address: _____
Street *City* *State* *ZIP*

Courtroom: _____

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 Court Date for Motion* 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* 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

Print Your Name

City, State, ZIP

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.