This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts. For Court Use Only STATE OF ILLINOIS, CIRCUIT COURT MORTGAGE FORECLOSURE **APPEARANCE & ANSWER** COUNTY **Instructions ▼** Directly above, enter the name of the county where the case was Plaintiff (Name of Bank or Mortgage Company) filed. Enter the name of the bank or mortgage ٧. company as Plaintiff. Enter your names as Defendants. Enter the Case Number Defendants Case Number from the Complaint vou received. Enter your full names **Defendants:** as Defendants. You Your Names will be called "Defendants" on the rest of this form even if submit an Appearance & Answer to the Mortgage Foreclosure Complaint as follows: there is only one person using this form. You can file this Defendants provide the following information: *Appearance & Answer* 1. The address of the property that is being foreclosed is: by yourself or with any other Defendants listed in the Complaint you Street Address, Apt # received. In A1, enter the complete address of the City State ZIP property listed in the Complaint. 2. Defendants are working with a lender on getting a loan modification: In A2, check "Yes" if ☐ Yes ☐ No you are working with your bank to try to get 3. Defendants already have an approved loan modification: your mortgage loan ☐ Yes ☐ No changed so that you can keep your house. In A3, check "Yes" if 4. Defendants are working with a housing counselor: the bank has already ☐ Yes ☐ No changed your mortgage The housing counselor works for: loan. Housing Counseling Agency Name In A4, check "Yes" if The housing counselor's name is: you are working with a Housing Counselor's Name 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.

Enter the Case Number given by the Circuit Clerk:	
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Note:

with this form.

- When you use this *Answer*, you may be admitting that certain facts are true. For example, you admit that you were given the proper notices about the default on the mortgage.
- Illinois law says that when the Plaintiff uses a Foreclosure Complaint to sue you, facts such as notices are part of the complaint, even if these facts are not listed in the complaint.
- If you have defenses to the foreclosure such as not being given the required notices then list them in C below.
- To learn more about defending yourself against foreclosure, see <u>illinoislegalaid.org/legal-information/legal-reasons-throw-out-mortgage-foreclosure-lawsuit</u>.

In B , enter the number	В.	Defendants ans	wer the paragrapl	hs in t	he Morto	gage l	oreclosure	Com	plaint as follows:	
and letter of each paragraph and subparagraph in the		Paragraph Number	Subparagraph Letter <i>(if any)</i>							
Complaint.					Agree		Disagree		Do Not Know	
Then check "Agree," "Disagree," or "Do Not					Agree		Disagree		Do Not Know	
Know" for each	. .				Agree		Disagree		Do Not Know	
paragraph.	. <u>-</u>				Agree		Disagree		Do Not Know	
• Check "Agree" if you					Agree		Disagree		Do Not Know	
know all of the statements in the		_			Agree		Disagree		Do Not Know	
paragraph are true.	•			\Box	Agree	\Box	Disagree	\Box	Do Not Know	
This means that you	•				Agree	\Box	Disagree	\Box	Do Not Know	
admit that all the statements are true.	•			\Box	Agree	\Box	Disagree	一	Do Not Know	
• Check "Disagree" if	•			\Box	Agree	\Box	Disagree	\Box	Do Not Know	
you know any of the	•			\Box	Agree	\Box	Disagree	\Box	Do Not Know	
statements in the	• =			\Box	Agree	\exists	Disagree	H	Do Not Know	
paragraph are false. This means that you	-				Agree		Disagree	H	Do Not Know	
deny that all of the	-				Agree		Disagree	H	Do Not Know	
statements are true.					Agree	님	Disagree	님	Do Not Know	
Check "Do Not	-				Agree		Disagree		Do Not Know	
Know" if you do not know if all of the	•				Agree	片	Disagree	님	Do Not Know	
statements in the					-		_		Do Not Know	
paragraph are true or	· -				Agree		Disagree	님		
false. This means you do not have enough	-				Agree		Disagree	님	Do Not Know	
information to	-				Agree		Disagree		Do Not Know	
truthfully admit or					Agree		Disagree	닏	Do Not Know	
deny the statements.				Ш	Agree	Ш	Disagree	Ш	Do Not Know	
		Appearance	have attached the & Answer form.			ragraļ	ohs for Mort	gage	Foreclosure	
In C, write any defenses to mortgage	C.	Defendants have	ve the following [Defen	ses:					
foreclosure that apply	-									
in your case. For a list of possible defenses,	-									
see How to Respond to										
a Mortgage	-									
Foreclosure Complaint.	-									
							• • •			
In C, check if you need more room and file the				dition	al Defens	ses fo	r Mortgage	Forec	closure Appearance &	
Additional Defenses for		<i>Answer</i> forr	n.							
Mortgage Foreclosure										
Appearance & Answer										

Enter the Case Number given by the Circuit Clerk:	
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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 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, then 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.

If the Complaint/Petition is verified by oath, then Defendants certify that their answers above are true and correct. Defendants 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.

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

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

	agree to receive court documents at this email address during my entire case.
_	<u>Email</u>

In 1a, enter the name, mailing address, and email address of the party or lawyer to

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 1c, 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.

PROOF OF DELIVERY

I sent this document: a. To: Name: First Middle Last Address: Street. Apt # Citv State ZIP Email address: Personal hand delivery By: 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 On: Date At: Time I sent this document: To: a. Name: Middle First Last Address: Street, Apt # ZIP City State Email address: 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) Name of prison or jail On: Date At: a.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. Is	ent this do To: Name:	First	Middle		Last	
		Address	: Street, Apt #		City	State	ZIP
		Email ad	• •		City	State	ZIF
	b.		Personal hand d	elivery			
	D.			ass Mail, put into th	e U.S. Mail with	n postage paid at:	
			Address of Post O	ffice or Mailbox			
			Third-party comr	nercial carrier, with	delivery paid fo	or at:	
			Name (for example	e, FedEx or UPS) an	d office address		
				ronic filing manage	r (EFM) or an a	pproved electronic	filing
		_	service provider	` ,			
			, -	h an EFM or EFSP)			
		Ш	Mail from a priso	n or jail at:			
			Name of prison or	jail			
	C.	On:					
		Da	_				
		At:		.m.			
If you sent your document to more than 3 parties or lawyers, check the box and file the <i>Additional Proof of Delivery</i> form with this form.	□ Ih			Proof of Delivery for	m.		
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	a false 735 IL	statemei <u>CS 5/1-1</u>	nt on this form is	oof of Delivery is tr perjury and has pe	enalties provide		nt making
Class 3 Felony. If you are completing this form on a	Your S	Signature		Stre	eet Address		
computer, sign your name by typing it. If you are completing it by hand, sign and	Print Y	our Name		City	, State, ZIP		
print your name.	Teleph	one					

Enter the Case Number given by the Circuit Clerk: ___