

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>MORTGAGE FORECLOSURE APPEARANCE &amp; ANSWER</b>	<i>For Court Use Only</i>
Instructions ▼	_____ <b>Plaintiff</b> <i>(Name of Bank or Mortgage Company)</i>  v.  _____  _____ <b>Defendants</b>	_____ <b>Case Number</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.		

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 & 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 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.

**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](#).**

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

\_\_\_\_\_  
*/s/* Defendant Signature Defendant Printed Name

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

\_\_\_\_\_  
 Street Address, Apt #

\_\_\_\_\_  
 City State ZIP Phone

[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.

\_\_\_\_\_  
 Defendant Signature Defendant Printed Name

\_\_\_\_\_  
 Street Address, Apt #

\_\_\_\_\_  
 City State ZIP Phone

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

\_\_\_\_\_  
 Defendant Signature Defendant Printed Name

\_\_\_\_\_  
 Street Address, Apt #

\_\_\_\_\_  
 City State ZIP Phone

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

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

**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.

I agree to receive court documents at this email address during my entire case.

\_\_\_\_\_  
 Email

### 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 **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.

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*

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Email (*not through an EFM or EFSP*)

Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On:

\_\_\_\_\_  
*Date*

At:

\_\_\_\_\_  
*Time*

a.m.

p.m.

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.

**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.