This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

Instructions ▼	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER						
Check the box to the right if your case involves parental	RULE 311(a).						
responsibility or parenting time (custody/visitation rights) or relocation of a child.	APPEAL TO THE APPELLATE COURT OF ILLINOIS District						
Just below "Appeal to the Appellate Court of Illinois," enter the	from the Circuit Court of County						
number of the appellate district that will hear the appeal and the county of the trial court.	In re						
If the case name in the trial court began with "In re" (for example, "In re Marriage of	Trial Court Case No.:						
Jones"), enter that name. Below that, enter the names of the parties in the trial	Plaintiff/Petitioner (First, middle, last names) Appellant Appellee Honorable						
court, and check the correct boxes to show which party is filing the appeal	V. Judge, Presiding						
("appellant") and which party is responding to the appeal ("appellee").	Defendant/Respondent (First, middle, last names) Appellant Appellee						
To the far right, enter the trial court case number and trial judge's name.							
	NOTICE OF APPEAL						
In 1, check the type of appeal. For more information on choosing a type of appeal, see <i>How to File a Notice of Appeal</i> .	1. Type of Appeal: Appeal Interlocutory Appeal Joining Prior Appeal Separate Appeal Cross Appeal						
In 2, list the name of each person filing the	2. Name of Each Person Appealing: Name:						
appeal and check the proper box for each person.	First Middle Last Plaintiff-Appellant Petitioner-Appellant OR						
	☐ Defendant-Appellant ☐ Respondent-Appellant						
	Name: First Middle Last	—					
	☐ Plaintiff-Appellant ☐ Petitioner-Appellant OR						
	☐ Defendant-Appellant ☐ Respondent-Appellant						
NΔΔ-N 2803 4	Page 1 of 4 (10/10	1)					

In 3, identify every order or judgment you	3. List the date of every order or	judgment you want to appeal:
want to appeal by listing the date the trial court entered it.	Date	
court entered it.	Data	
	Date	
	Date	
	4. State your relief:	
In 4, state what you want the appellate court to do. You may check as many boxes as apply.	judgment in your favor) and [that are still required; vacate the trial court's judgment in your favor) and send the case backets.	ment (change the judgment in favor of the other party into a send the case back to the trial court for any hearings nent (erase the judgment in favor of the other party) ck to the trial court for a new hearing and a new judgment;
	change the trial court's judgr	ment to say:
	order the trial court to:	
	other:	
	and grant any other relief that	at the court finds appropriate.
If you are completing	/s/	
this form on a computer, sign your name by typing it. If	Your Signature	Street Address
you are completing it by hand, sign by hand and print your	Your Name	City, State, ZIP
name. Fill in your address and telephone number.		Telephone
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	Additional Appellant Signature	
All appellants must sign this form. Have each additional	Signature	Street Address
appellant sign the form here and enter their name, address, and	Name	City, State, ZIP
telephone number.		Telephone
address. You should use	e an email account that you do not share with	reive court documents by email, check the box below and enter your email anyone else and that you check every day. If you do not check your email Other parties may still send you court documents by mail.
	☐ I agree to receive court documents	s at this email address during my entire case.
	Email	

PROOF OF SERVICE (You must serve the other party and complete this section)

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.

To: Name: First Middle Last Address: Citv ZIP Street, Apt # State Email address: By: Personal hand delivery b. 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 a.m. Time I sent this document:

2.

I sent this document:

Name:

Address:

To:

a.

First Middle Last City ZIP Street, Apt # 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)

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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:							
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	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 t	through an EFM or EFSP)				
If you are serving more			☐ Mail from a	a prison or jail at:				
than 3 parties or lawyers, fill out and								
insert 1 or more			Name of pri	ison or jail				
Additional Proof of Service forms after this	C.	On:						
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Under the Code of Civil Procedure, 735		_		e Proof of Service is true		nd that making		
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