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

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Instructions ▼	THIS APPEAL INVOLVES A MATTER SUBJECT	TO EXPEDITED DISPOSITION UNDER					
Check the box to the right if your case involves parental responsibility or parenting time	RULE 311(a). APPEAL TO THE APPE COURT OF ILLINO						
(custody/visitation rights) or relocation of a child. Just below "Appeal to	COOKT OF ILLING	District					
the Appellate Court of Illinois," enter the number of the appellate district that will hear the appeal and the county of the	FROM THE CIRCUIT COURT OF County						
trial court. If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that phrase. If the case name did not begin with "In re," enter the names of the parties as	In re	Trial Court Case No.:					
	Plaintiff/Petitioner (First, middle, last names) Appellant Appellee	Honorable					
they appeared in the trial court documents. Below each party name check either Appellant if the party	V.	Judge, Presiding					
filed the appeal or Appellee if the party is responding to the appeal.	Defendant/Respondent (First, middle, last_names) ☐ Appellant ☐ Appellee						
To the far right, enter the trial court case number and trial judge's name.							
In 1a, check the "Official Court Reporter" box if a court reporter recorded the court trial or hearings, and then write in the	REQUEST FOR REPORT OF PROCEEDINGS (TRANSCRION OF PROCEEDINGS) 1. I request that the court reporters listed below prepared to the prepared of	IPTS)					
name and address of the court reporter. In 1b, check the	of the following court hearings: a. ☐ Official Court Reporter						
"Administrator of Court Reporters" box if the court electronically recorded the trial or hearings, and then fill in the Administrator's name and address.	First	Middle Last					
	Street City b. Administrator of Court Reporters: First	State Zip Middle Last					
In 2, you must list all dates, times, and courtrooms for the hearings that are important to your	Street City 2. I request transcripts for the following hearings:	State Zip					
appeal.	Date: Time: Date: Time:	a.m p.m. Courtroom:					

If you need to list more hearings, check the box and fill out an Additional Transcripts				a.m. [
form. Insert it after this page.		I have listed additional hearings for which transcripts are needed on the attached Additional Transcripts form.					
In 3, enter the names and addresses of any lawyers or other parties	3. Name	and address of	f the other party	or their lawyer (if app	olicable):		
who have appeared in court for the parties.	First		Middle		L	ast	
If the other party has a lawyer, you must list the lawyer's	Street			City		State	Zip
information.	Email		Phon	е	_		
If you need to list more parties or lawyers, check the box and fill out an Additional	☐ Ih	nave listed addit	tional lawyers on	the attached Additi	onal Parties or L	<i>awyer</i> s form.	
Parties or Lawyers form. Insert it after this page.		Signature		Street Addr	ess		
Sign and print your name. Enter your address, telephone number, and email.	Print Y	our Name		City, State,	ZIP		
If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.				Telephone			
	PROOF O	F SERVICE (Ye	ou must serve the	other party and con	nplete this section	on)	
In 1a, enter the name, mailing address, and email address of the		this document:			•	,	
party or lawyer to whom you sent the document.	a. To Na	o: ame:					
In 1b , check the box to show how you sent the	Ac	First ddress:		Middle		Last	
document, and fill in any other information required on the blank lines.		Street, mail address:	Apt #	City	State	ZIP	
	b. By		I hand delivery First-Class Mail	, put into the U.S. M	ail with postage	paid at:	
CAUTION: If the other party does not have a lawyer, you may send the document by		☐ Third-pa		arrier, with delivery			
send the document by email only if the other		Name (for example, FedEx or UPS) and office address					
party has listed their email address on a			rt's electronic filin provider (EFSP)	g manager (EFM) c	or an approved e	electronic filin	g
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Enter the Case Number given by the Appellate Court Clerk:_

☐ Email (not through an EFM or EFSP)

court document.

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	Enter the Case Number given by the Appellate Court Clerk:
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	Name of prison or jail
If you are serving more than 3 parties or lawyers, check the box and fill out an Additional Proof of Service form. Insert it after this page.	c. On: Date At: Time I have completed an Additional Proof of Service form.
Under the Code of Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u> , 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.
If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.	Your Signature Print Your Name