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


## PETITION FOR REHEARING

| Add your: |
| :--- |
| 1) Name; |
| 2) Address; |
| 3) Phone number; and |
| 4) Email address. |
| NOTE: insert your |
| email address only if |
| you agree to receive |
| court documents by |
| email. |

## Your Information

Name:
First Middle Last

Address:

| Street, Apt \# | City | State | ZIP |
| :--- | :--- | :--- | :--- |

Phone: $\qquad$
Email: $\qquad$
$\qquad$

## ARGUMENT

[Refer to lllinois Supreme Court Rule 367(b)]

Briefly state the 1st point that the appellate court overlooked or misunderstood.

Do not repeat your original argument. Instead, explain why the appellate court's decision was wrong. To help you do this, use authorities (cases, statutes (laws), etc.) and references to the pages of the record. Refer to pages of the common law record as "C [page]." Refer to pages of the report of proceedings as "R [page]."

Starting with this page, number the pages of your petition 1, 2, 3, etc. (This page is numbered for you.)

1. The appellate court overlooked or misunderstood the fact that
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Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:
$\qquad$

Briefly state the 2nd point that the appellate court overlooked or misunderstood.

If you don't have a 2nd point, remove this page and the following argument pages.

Do not repeat your original argument. Instead, explain why the appellate court's decision was wrong. To help you do this, use authorities (cases, statutes (laws), etc.) and references to the pages of the record. Refer to pages of the common law record as " C [page]." Refer to pages of the report of proceedings as "R [page]."
2. The appellate court overlooked or misunderstood the fact that
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Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:
$\qquad$

Briefly state the 3rd point that the appellate court overlooked or misunderstood.

If you don't have a 3rd point, remove this page and the following argument pages.

Do not repeat your original argument. Instead, explain why the appellate court's decision was wrong. To help you do this, use authorities (cases, statutes (laws), etc.) and references to the pages of the record. Refer to pages of the common law record as "C [page]." Refer to pages of the report of proceedings as "R [page]."
3. The appellate court overlooked or misunderstood the fact that $\qquad$
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Enter the Case Number given by the Appellate Court Clerk:

Enter the Case Number given by the Appellate Court Clerk:

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Enter the Case Number given by the Appellate Court Clerk:
$\qquad$

Rule 341(a) governs the form of a Petition for Rehearing, and Rule 367(a) governs the length. Unless a motion to file a longer Petition for Rehearing is granted, the Petition for Rehearing (not counting the pages listed) must be no more than 27 pages OR no more than 8,100 words. If your Petition for Rehearing is within the page limit, add the number of pages in your Petition for Rehearing (not counting the pages listed).
If your Petition for Rehearing is not within the page limit, but is within the word limit, add the number of words in your Petition for Rehearing (not counting the pages listed).
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.

## CERTIFICATE OF COMPLIANCE

[Refer to Illinois Supreme Court Rule 341(c)]

I certify that this Petition for Rehearing conforms to the requirements of Supreme Court Rules

341(a) and 367(a). The length of this Petition for Rehearing, excluding the pages or words contained in the Rule 341(d) cover, the Rule 341(c) certificate of compliance, and the certificate of service, is ___ pages or words.
$\qquad$

Print Name
$\qquad$

## PROOF OF SERVICE

[Refer to Illinois Supreme Court Rule 11]

In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In $\mathbf{1 b}$, 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 $\mathbf{c}$, 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 $\mathbf{a}, \mathbf{b}$, and $\mathbf{c}$. Otherwise leave 2 blank.

1. I sent this document:
a. To:

Name:

| First | Middle |
| :--- | :--- | :--- |

Address:
Street, Apt \# City State ZIP

Email address: $\qquad$
b. By: $\square$ Personal hand delivery
$\square$ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

## Address of Post Office or Mailbox

$\square$ Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address
$\square$ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
$\square$ Email (not through an EFM or EFSP)
$\square$ Mail from a prison or jail at:

Name of prison or jail
c. On:


At: $\frac{\square}{\text { Time }} \square$ a.m. $\square$ p.m.
2. I sent this document:
a. To:

Name:
First Middle Last

Address:

Street, Apt \# City $\quad$ State | ZIP |
| :--- | :--- |

Email address: $\qquad$
b. By: $\square$ Personal hand delivery
$\square$ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:
$\qquad$
Third-party commercial carrier, with delivery paid for at:

## Name (for example, FedEx or UPS) and office address

$\square$ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
$\square$ Email (not through an EFM or EFSP)Mail from a prison or jail at:

## Name of prison or jail

c. On:


At:


In 3, if you sent the document to more than 2 parties or lawyers, fill in $\mathbf{a}, \mathbf{b}$, and $\mathbf{c}$.
Otherwise leave 3 blank.

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more Additional Proof of Service forms after this page.
3. I sent this document:
a. To:

Name:
First Middle Last

Address:
Street, Apt \# City State $\quad$ ZIP

Email address: $\qquad$
b. By: $\square$ Personal hand delivery
$\square$ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

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$\square$ Mail from a prison or jail at:

## Name of prison or jail

c. On:


At: $\qquad$ $\square$ a.m. $\square$ p.m. Time

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 by hand and print your name.

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.
/s/
Your Signature

Print Your Name

