

New Article II Forms Appendix

**ARTICLE II. RULES ON CIVIL PROCEEDINGS
IN THE TRIAL COURT**

PART A. PROCESS AND NOTICE

Rule 101. Summons and Original Process-Form and Issuance

(b) Summons Requiring Appearance on Specified Day.

In the Circuit Court of the _____ Judicial Circuit, _____ County,
Illinois
(Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D., *etc.*
(naming all plaintiffs),
Plaintiffs,

v.

No. _____
Amount Claimed _____

H.J., K.L. *etc.*,
(naming all defendants),
Defendants

SUMMONS

To each defendant:

You are hereby summoned and required to appear before this court at
_____ at _____ o'clock _____ M., on
_____ 20__, to answer the complaint in this case, a copy of which
is hereto attached. If you fail to do so, a judgment by default may be entered against you
for the relief asked in the complaint.

To the officer:

This summons must be returned by the officer or other person to whom it was given
for service, with indorsement of service and fees, if any, immediately after service. If
service cannot be made, this summons shall be returned so indorsed.

This summons may not be served later than 30 days after its date.

Witness _____

(Seal of Court)

Clerk of Court

Plaintiff's Attorney (or plaintiff, if he is not represented by attorney)

Address _____

Telephone No. _____

Facsimile Telephone No. _____

E-mail Address _____

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff's attorney's facsimile machine is additionally required.)

Date of service _____, 20__ (to be inserted by officer on copy left with defendant or other person).

NOTICE TO DEFENDANTS

[Here simple and specific instructions, conforming to local practice, shall be set out outlining procedure for appearance and trial of the type of case covered by the summons.]

(2) In any action for forcible detainer or for recovery of possession of tangible personal property, the summons shall be in the same form, but shall require each defendant to appear on a day specified in the summons not less than seven or more than 40 days after the issuance of summons.

(3) If service is to be made under section 2-208 of the Code of Civil Procedure the return day shall be not less than 40 days or more than 60 days after the issuance of summons, and no default shall be taken until the expiration of 30 days after service.

(d) Summons Requiring Appearance Within 30 Days After Service.

In the Circuit Court of the _____ Judicial Circuit, _____ County, Illinois (Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D., etc.
(naming all plaintiffs),

Plaintiffs,
v.

No. _____

H.J., K.L. *etc.*,
(naming all defendants),
Defendants

SUMMONS

To each defendant:

You are summoned and required to file an answer to the complaint in this case, a copy of which is hereto attached, or otherwise file your appearance, in the office of the clerk of this court within 30 days after service of this summons, not counting the day of service. If you fail to do so, a judgment by default may be entered against you for the relief asked in the complaint.

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with indorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so indorsed.

This summons may not be served later than 30 days after its date.

Witness _____

(Seal of Court)

Clerk of Court

Plaintiff's Attorney (or plaintiff, if he is not represented by attorney)

Address _____

Telephone No. _____

Facsimile Telephone No. _____

E-mail Address _____

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff's attorney's facsimile machine is additionally required.)

Date of service _____, 20__ (to be inserted by officer on copy left with defendant or other person).

(f) Waiver of Service of Summons.

In the Circuit Court of the _____ Judicial Circuit, _____ County, Illinois (Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D., *etc.*
(naming all plaintiffs),
Plaintiffs,

No. _____

v.

Amount Claimed _____

H.J., K.L., *etc.*
(naming all defendants),
Defendants

Notice and Acknowledgment of Receipt of Summons and Complaint

NOTICE

To: (Insert the name and address of the person to be served)

The enclosed summons and complaint are served pursuant to section 2-213 of the Code of Civil Procedure.

You must complete the acknowledgment part of this form and return one copy of the completed form to the sender within ____* days.

You must sign and date the acknowledgment. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return the form to the sender within ____* days, you (or the party on whose behalf you are being served) may be served a summons and complaint in any other manner permitted by law.

If you do complete and return this form, you (or the party on whose behalf you are being served) must answer the complaint within ____** days. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this notice and acknowledgment of receipt of

summons and complaint will have been mailed on _____. (Insert Date)

Signature _____

Date of Signature _____

ACKNOWLEDGMENT OF RECEIPT OF
SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above-captioned matter at (inset address).

PRINT or TYPE Name _____

Relationship to Entity/Authority to Receive Service of Process

(Not Applicable if you are the named Defendant or Respondent)

Signature _____

Date of Signature _____

*(To be completed by the person sending the notice.) Date for return of waiver must be at least 30 days from the date on which the request is sent, or 60 days if the defendant is addressed outside the United States.

***(To be completed by the person sending the notice.) Date for answering complaint must be at least 60 days from the date on which the request is sent, or 90 days if the defendant is addressed outside the United States.

Rule 107. Notice of Hearing for an Order of Replevin
(a) Form of Notice.

In the Circuit Court of the _____ Judicial Circuit, _____ County,
Illinois (Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D., *etc.* (naming all plaintiffs),
Plaintiffs,

v.

No. _____

H.J., K.L., *etc.* (naming all defendants),
Defendants

To each defendant:

You are hereby notified that on _____, 20____, a complaint, a copy of which is attached, was filed in the above court seeking an order of replevin. Pursuant to law a hearing will be held to determine whether such an order shall be entered in this case. If you wish to contest the entry of such order, you must appear at this hearing at _____, at _____ o'clock ____ M., on _____, 20__.

Attorney for the Plaintiff

Address _____

Telephone No. _____

Facsimile Telephone No. _____

E-mail Address _____

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff's attorney's facsimile machine is required.)

Rule 108. Explanation of Rights of Heirs and Legatees When Will Admitted or Denied Probate

(a) Wills Originally Proved.

Form 1

Notice to Heirs and Legatees

Attached to this notice are copies of a petition to probate a will and an order admitting the will to probate. You are named in the petition as an heir or legatee of the decedent.

Within 42 days after the effective date of the original order of admission, you may file a petition with the court to require proof of the will by testimony of the witnesses to the will in open court or other evidence, as provided in section 6-21 of the Probate Act of 1975 (755 ILCS 5/6-21).

You also have the right under section 8-1 of the Probate Act of 1975 (755 ILCS 5/8-1) to contest the validity of the will by filing a petition with the court within 6 months after admission of the will to probate.

Form 2

Notice to Heirs and Legatees

Attached to this notice are copies of a petition to probate a will and an order denying admission of the will to probate. You are named in the petition as an heir or legatee of the decedent.

You have the right under section 8-2 of the Probate Act of 1975 (755 ILCS 5/8-2) to contest the denial of admission by filing a petition with the court within 6 months after entry of the order of denial.

Form 3

Notice to Heirs and Legatees

Notice is given to _____ (names), who are heirs or legatees in the above proceeding to probate a will and whose name or address is not stated in the petition to admit the will to probate, that an order was entered by the court on _____, admitting the will to probate.

Within 42 days after the effective date of the original order of admission you may file a petition with the court to require proof of the will by testimony of the witnesses to the will in open court or other evidence, as provided in section 6-21 of the Probate Act of 1975 (755 ILCS 5/6-21).

You also have the right under section 8-1 of the Probate Act of 1975 (755 ILCS 5/8-1) to contest the validity of the will by filing a petition with the court within 6 months after admission of the will to probate.

Form 4

Notice to Heirs and Legatees

Notice is given to _____ (names), who are heirs or legatees in the above proceeding to probate a will and whose name or address is not stated in the petition to admit the will to probate, that an order was entered by the court on _____, denying admission of the will to probate.

You have the right under section 8-2 of the Probate Act of 1975 (755 ILCS 5/8-2) to contest the denial of admission by filing a petition with the court within 6 months after entry of the order of denial.

(b) Foreign Wills Proved by Copy.

Form 1

Notice to Heirs and Legatees

Attached to this notice are copies of a petition to probate a foreign will and an order admitting the foreign will to probate. You are named in the petition as an heir or legatee of the decedent.

You have the right under section 8-1 of the Probate Act of 1975 (755 ILCS 5/8-1) to contest the validity of the foreign will by filing a petition with the court within 6 months after admission of the foreign will to probate.

Form 2

Notice to Heirs and Legatees

Attached to this notice are copies of a petition to probate a foreign will and an order denying admission of that foreign will to probate. You are named in the petition as an heir or legatee of the decedent.

You have the right under section 8-2 of the Probate Act of 1975 (755 ILCS 5/8-2) to contest the denial of admission by filing a petition with the court within 6 months after entry of the order of denial.

Form 3

Notice to Heirs and Legatees

Notice is given to _____ (names), who are heirs or legatees in the above proceeding to probate a foreign will and whose name or address is not stated in the petition to admit the foreign will to probate, that an order was entered by the court on _____, admitting the foreign will to probate.

You have the right under section 8-1 of the Probate Act of 1975 (755 ILCS 5/8-1) to contest the validity of the foreign will by filing a petition with the court within 6 months after admission of the foreign will to probate.

Form 4

Notice to Heirs and Legatees

Notice is given to _____ (names), who are heirs or legatees in the above proceeding to probate a foreign will and whose name or address is not stated in the petition to admit the foreign will to probate, that an order was entered by the court on _____, denying admission of the foreign will to probate.

You have the right under section 8-2 of the Probate Act of 1975 (755 ILCS 5/8-2) to contest the denial of admission by filing a petition with the court within 6 months after entry of the order of denial.

Rule 110. Explanation of Rights in Independent Administration; Form of Petition to Terminate

Rights of Interested Persons During Independent
Administration; Form of Petition to Terminate
Administration

A copy of an order is enclosed granting independent administration of decedent's estate. This means that the executor or administrator will not have to obtain court orders or file estate documents in court during probate. The estate will be administered without court supervision, unless an interested person asks the court to become involved.

Under section 28-4 of the Probate Act of 1975 (755 ILCS 5/28-4) any interested person may terminate independent administration at any time by mailing or delivering a petition to terminate to the clerk of the court. However, if there is a will which directs independent administration, independent administration will be terminated only if the court finds there is good cause to require supervised administration; and if the petitioner is a creditor or nonresiduary legatee, independent administration will be terminated only if the court finds that termination is necessary to protect the petitioner's interest.

A petition in substantially the following form may be used to terminate independent administration:

In the Circuit Court of the _____ Judicial Circuit,
_____ County, Illinois
(Or, In the Circuit Court of Cook County, Illinois)

In re Estate of _____, Deceased
(name of decedent)

No. _____

Petition to Terminate Independent Administration

_____, on oath states:

1. On _____, 20__, an order was entered granting independent administration to _____ as independent _____.

(executor) (administrator)

2. I am an interested person in this estate as _____

(heir) (nonresiduary legatee) (residuary legatee) (creditor) (representative)
*3. The will _____ direct independent administration.
(does) (does not)

4. I request that independent administration be terminated.

(Signature of petitioner)

Signed and sworn to before me
_____, 20__

Notary Public

*Strike if no will.

In addition to the right to terminate independent administration, any interested person may petition the court to hold a hearing and resolve any particular question that may arise during independent administration, even though supervised administration has not been requested (755 ILCS 5/28-5). The independent representative must mail a copy of the estate inventory and final account to each interested person and must send notice to or obtain the approval of each interested person before the estate can be closed (755 ILCS 5/28-6, 28-11). Any interested person has the right to question or object to any item included in or omitted from an inventory or account or to insist on a full court accounting of all receipts and disbursements with prior notice, as required in supervised administration (755 ILCS 5/28-11).

PART B. PLEADINGS AND OTHER DOCUMENTS

**Rule 113. Practice and Procedure in Mortgage Foreclosure Cases
(c) Prove-up Affidavits.**

Form 1

IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
FOR _____ COUNTY, ILLINOIS

_____))
Plaintiff(s)))
v.) Case No. _____)
_____))
Defendant(s)))

AFFIDAVIT OF AMOUNTS DUE AND OWING

I, _____, am a _____ of _____ . I have authority to make this statement on its behalf because _____ (identify whether you are a custodian of records or a person familiar with the business and its mode of operation; if you are a person familiar with the business and its mode of operation, explain how you are familiar with the business and its mode of operation). If called to testify at the trial of this matter, I could competently testify as to the facts contained in this affidavit.

[If the loan was previously serviced by another entity, the affidavit should provide as follows for the most recent transfer of servicing rights: _____ (name of the bank) acquired the servicing rights for the Defendant's loan on _____ (date) from _____ (name of the prior institution). At the time of this transfer, the Defendant's loan was _____ (current, or state the amount by which the loan was in default at the time of the transfer).]

The amount due is based on my review of the following records: _____ . A true and accurate copy of the payment history and any other document I reviewed when making this calculation is attached to this affidavit (this sentence would only be included if applicable).

_____ (name of the bank) uses _____ (name of the computer program/software) to automatically record and track mortgage payments. This type of tracking and accounting program is recognized as standard in the industry. When a mortgage payment is received, the following procedure is used to process and apply the payment, and to create the records I reviewed: _____ (include the source of the information, method and time of preparation of the record to establish that the computer program produces an accurate record).

The record is made in the regular course of _____'s (name of bank) business. In the case at bar, the entries reflecting the Defendant's payments were made in accordance with the procedure detailed above, and these entries were made at or near the time that the payment was received. _____(name of the computer program/software) accurately records mortgage payments when properly operated. In the case at bar, _____(name of the computer program/software) was properly operated to accurately record the Defendant's mortgage payments.

Based on the foregoing, _____ failed to pay amounts due under the Note, and the amount due and owing as of _____ is:

Principal \$ _____

Interest \$ _____

Pro Rata MIP/PMI \$ _____

Escrow Advance \$ _____

Late Charges \$ _____

NSF Charges \$ _____

Property Maintenance \$ _____

Property Inspections \$ _____

BPO \$ _____

GROSS AMOUNT DUE \$ _____

Less/Plus balance in reserve accounts

\$ _____

NET AMOUNT DUE \$ _____

AFFIANT STATES NOTHING MORE.

BY: _____

Affiant

Subscribed and sworn to before me this

____ day of _____, _____

By _____

Notary Public

State of [_____]

My Commission expires: _____, _____

Personally Known _____ OR Produced Identification _____.

Type of identification produced: _____.

If executed within the boundaries of Illinois, the affidavit may be signed pursuant to section 1-109 of the Illinois Code of Civil Procedure (735 ILCS 5/1-109) rather than being notarized.

(d) Defaults.

Form 2

IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
FOR _____ COUNTY, ILLINOIS

_____))
Plaintiff(s))

v.) Case. No. _____
_____))
Defendant(s))

NOTICE OF ENTRY OF DEFAULT AND JUDGMENT OF FORECLOSURE

To: _____

This notice is to advise you of recent activity in the mortgage foreclosure lawsuit now pending in the Circuit Court. DO NOT IGNORE THIS NOTICE. YOU SHOULD ACT IMMEDIATELY.

The Circuit Court has entered an Order of Default and a Judgment of Foreclosure and Sale against you in your case concerning the property located at [insert address].

You may be entitled to file a Motion to Vacate this order. Any such motion should be filed as soon as possible.

[If applicable] You may redeem the property from foreclosure by paying \$_____, which is the total amount due plus fees and costs, by [insert day].

[If applicable] If you need legal advice, you may contact _____ for free legal advice.

[NAME OF CLERK]
Clerk of the Circuit Court of _____ County
[Contact information]

(g) Special Notice of Surplus Funds.

Form 3

IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
FOR _____ COUNTY, ILLINOIS

_____))
Plaintiff(s))

v.) Case. No. _____
 _____)
 Defendant(s))

SPECIAL NOTICE OF SURPLUS FUNDS

To: _____

There is \$_____ remaining after the sale of your property at [insert address of property sold]. You may be entitled to this money.

If you want to obtain this money, you need to:

- (1) Complete the enclosed form.
- (2) Take the completed form to the Clerk of the Circuit Court [insert the information for the Clerk of the Circuit Court in which the case is pending].
- (3) Schedule a date to present the paperwork to the judge.
- (4) Mail a copy of the completed form, at least five business days before the date with the judge, to: [insert service list].

(h) Petition for Turnover of Surplus Funds.

Form 4

IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
 FOR _____ COUNTY, ILLINOIS

_____)
 Plaintiff(s))
 v.) Case. No. _____
 _____)
 Defendant(s))

NOTICE OF MOTION AND PETITION FOR TURNOVER OF SURPLUS FUNDS

TO: _____

On _____, _____, at _____ a.m./p.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable _____ or any Judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at _____, Illinois, and present:

PETITION FOR TURNOVER OF SURPLUS FUNDS
(with Appearance)

Now come(s) _____, and move(s) this Court for entry of an order turning over the surplus proceeds from the foreclosure sale. In support of this Petition, Petitioner(s) state(s) as follows:

- (1) All parties to this proceeding have been given notice of this Petition.
- (2) The subject property was sold at a foreclosure sale for more than the amount owed the mortgage company and the sale was approved by the Court on ___/___/___.
- (3) There is a surplus remaining after all sums are paid in the amount of \$_____.
- (4) Petitioner(s) is/are a party/parties to the foreclosure case and has/have filed an appearance in the case.
- (5) Petitioner's/Petitioners' interest in the property is (select one, and attach any supporting documents): Owner(s)/Mortgagor(s); Judgment Creditor; Lien Holder; Other (please specify):_____.
- (6) If Petitioner(s) is/are not the Mortgagor(s), judgment for the Petitioner(s) has been proved up in the amount of \$_____.
- (7) Pick one:

Petitioner(s) has/have a bankruptcy case pending in Bankruptcy Court and has/have ATTACHED a copy of the order from the Bankruptcy Court allowing receipt of the surplus funds ("Order Authorizing Distribution of Surplus Funds").

Petitioner(s) DOES NOT/DO NOT have a bankruptcy case pending in Bankruptcy Court.

Wherefore, the Petitioner(s), _____, move this Court to turn over to him/her/them the surplus from the foreclosure sale.

I/We, _____, enter my/our appearance(s), *pro se*:

Signature _____

Signature _____

VERIFICATION AND PROOF OF SERVICE

I/We certify under penalty of perjury as provided by law pursuant to section 1-109 of the Illinois Code of Civil Procedure, that I/we have read the foregoing Verified Petition for Turnover of Surplus Funds and the statements set forth therein are true and correct and that I sent a copy of this Appearance and Answer by United States mail to the Plaintiff's attorney and any other parties who have appeared and have not heretofore been found by the Court to be in default, on _____, 20__.

Signature _____

Signature _____

Rule 114. Loss Mitigation Affidavit
(c) Form of Affidavit.

Form 1

IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
FOR _____ COUNTY, ILLINOIS

_____))
Plaintiff(s)))
v.) Case. No. _____)
_____))
Defendant(s)))

LOSS MITIGATION AFFIDAVIT

I, [name] , hereby state as follows:

(1) I am employed as [job title] of [name] , the mortgagee as defined in section 15-1208 of the Illinois Mortgage Foreclosure Law for the residential mortgage loan that is the subject of the pending foreclosure case, and I am authorized to act on behalf of plaintiff.

(2) With respect to the subject mortgage loan, my employer is the appropriate entity to extend loss mitigation, if any, to the mortgagor(s), as defined in Section 15-1209 of the Illinois Mortgage Foreclosure Law.

(3) I have performed or caused to be performed a review of the records maintained in the ordinary course of the business of my employer relating to the subject mortgage loan, and based upon that review:

(a) The subject mortgage loan is eligible for the following loss mitigation programs ¹ :

(b) For each of the programs listed above in 3(a), the following steps have been taken by the mortgagee to comply with its obligations under such program:

(c) For each of the programs listed above in 3(a), the current status of loss mitigation effort is as follows:

(4) The above is true and accurate to the best of my personal knowledge and based upon my review of the records as set forth above.

Affiant states nothing more.

BY: _____

AFFIANT

Subscribed and sworn to before me this
_____ day of _____, 20____
by _____.

Notary Public

State of [name]

My Commission expires: _____, 20____

Personally Known _____ **OR** Produced Identification _____.

Type of Identification Produced: _____.

¹Identify here all applicable loss mitigation programs including but not limited to those available under the Making Home Affordable Program, the 2012 National Attorney General Settlement, or the FHA, VA, or USDA insured-loan programs. Also identify any “in-house” loss mitigation regularly provided by the mortgagee for a mortgage loan of this type. “Eligible” means the loan is eligible to be considered under such programs because it meets the threshold requirements; eligible does not mean that a loss mitigation alternative to foreclosure is guaranteed.

Rule 138. Personal Identity Information

In the Circuit Court of the _____ Judicial Circuit,
_____ County, Illinois
(Or, In the Circuit Court of Cook County, Illinois)

_____)
Plaintiff/Petitioner,)
)
)
v.) Case No. _____
)
)
_____)
Defendant/Respondent)

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Illinois Supreme Court Rule 138(c), the filer of a document containing personal identity information required by law, ordered by the court, or otherwise necessary to effect disposition of a matter shall, at the time of such filing, include this confidential information form which identifies the personal identity information redacted from such filing pursuant to Rule 138(c), and which will be redacted from future filings to protect the subject personal identity information. **This personal identity information will not be available to the public and this document will be stored in a separate location from the case file.**

Party/Individual Information:

1. Name: _____
Address: _____

Phone: _____
SSN: _____

Other personal identity information as defined in Rule 138(b), to the extent applicable:

2. Name: _____
Address: _____

Phone: _____
SSN: _____

Other personal identity information as defined in Rule 138(b), to the extent applicable:

(Attach additional pages, if necessary.)

**PART E. DISCOVERY, REQUESTS FOR ADMISSION,
AND PRETRIAL PROCEDURE**

Rule 213. Written Interrogatories to Parties

APPENDIX

IN THE SUPREME COURT OF
THE STATE OF ILLINOIS

STANDARD INTERROGATORIES
UNDER SUPREME COURT RULE 213(j)

Under amended Supreme Court Rule 213(j) (eff. January 1, 1996), “[t]he Supreme Court, by administrative order, may approve standard forms of interrogatories for different classes of cases.” The committee comments to this rule state, “In an effort to avoid discovery disputes, the practitioner is encouraged to utilize interrogatories approved by the Supreme Court pursuant to paragraph (j) whenever possible.” The following interrogatories are hereby approved pursuant to that amended rule. A party may use one or more interrogatories which are part of a form set of interrogatories. Any such interrogatory so used shall be counted as one interrogatory in determining the total number of interrogatories propounded, regardless of any subparts or multiple inquiries therein. A party may combine form interrogatories with other interrogatories, subject to applicable limitations as to number. A party shall avoid propounding a form interrogatory which has no application to the case.

Counsel should note other provisions of amended Rule 213 that are reflected in these standard interrogatories, and which are applicable to nonstandard interrogatories as well. As the committee comments to amended Rule 213(a) indicate, “[the] prior requirement that the written interrogatories be spaced so as to permit the answering party to answer upon the interrogatory served upon him has been amended to eliminate the spacing requirement, primarily because of the practical and customary way in which interrogatories are answered.” Although the proponent of interrogatories may still use spacing between his or her interrogatories, these standard interrogatories do not.

Also, amended Rule 213(d) retains the requirement that “[w]ithin 28 days after service of the interrogatories upon the party to whom they are directed, the party shall serve a *sworn answer* or an objection to each interrogatory, with proof of service upon all other parties entitled to notice. *** The answering party shall set forth in full each interrogatory being answered immediately preceding the answer.” (Emphasis added.) While the supreme court envisions that parties will continue with the practice of creating a new document in response to interrogatories, and it is the duty of the respondent to interrogatories to attest to the truthfulness of his or her answers, these standard interrogatories include sample attestation clauses.

Finally, under amended Supreme Court Rule 213(i), a party has a duty to seasonably

supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party. The proponent of the interrogatories may wish to include a reminder of this duty in the interrogatories.

Amended Interrogatories Under Rule 213(j)

Medical Malpractice Interrogatories to Defendant Doctor (amended May 30, 2008, eff. immediately)

All Others (amended June 2, 2005, eff. immediately)

Motor Vehicle Interrogatories to Plaintiffs

1. State your full name, as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit (hereinafter referred to simply as the occurrence).

3. State the full name and current residence address of each person, not named in interrogatory No. 2 above, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

4. As a result of the occurrence, were you made a defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

5. Describe the personal injuries sustained by you as a result of the occurrence.

6. With regard to your injuries, state:

(a) The name and address of each attending physician and/or health care professional;

(b) The name and address of each consulting physician and/or other health care professional;

(c) The name and address of each person and/or laboratory taking any X ray, MRI and/or other radiological tests of you;

(d) The date or inclusive dates on which each of them rendered you service;

(e) The amounts to date of their respective bills for services; and

(f) From which of them you have written reports.

7. As the result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

8. As the result of your personal injuries, were you unable to work? If so, state:

(a) The name and address of your employer, if any, at the time of the occurrence, your wage and/or salary, and the name of your supervisor and/or foreperson;

(b) The date or inclusive dates on which you were unable to work;

(c) The amount of wage and/or income loss claimed by you; and

(d) The name and address of your present employer and your wage and/or salary.

9. State any and all other expenses and/or losses you claim as a result of the occurrence. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

10. Had you suffered any personal injury or prolonged, serious and/or chronic illness prior to the date of the occurrence? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

11. Are you claiming any psychiatric, psychological and/or emotional injuries as a result of this occurrence? If so, state:

(a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;

(b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the occurrence; and

(c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

12. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the occurrence? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or the illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

13. Have you ever filed any other suits for your own personal injuries? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

14. Have you ever filed a claim for and/or received any workers' compensation benefits? If so, state the name and address of the employer against whom you filed for and/or received benefits, the date of the alleged accident or accidents, the description of the alleged accident or accidents, the nature of your injuries claimed and the name of the insurance company, if any, who paid any such benefits.

15. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address, occupation and employer of the person taking them.

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you

overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or to the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

- (a) The date or dates of such conversations and/or statements;
- (b) The place of such conversations and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

17. Do you know of any statements made by any person relating to the occurrence? If so, give the name and address of each such witness, the date of the statement, and state whether such statement was written and/or oral.

18. Had you consumed any alcoholic beverage within 12 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of alcoholic beverages.

19. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered as a conviction.

20. Had you used any drugs or medications within 24 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the use of said drug or medication.

21. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in your complaint? If your answer is in the affirmative, state:

- (a) The amount of such payment and/or other consideration received;
- (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and
- (c) Whether there are any documents evidencing such payment and/or other consideration received.

22. State the name and address of the registered owner of each vehicle involved in the occurrence.

23. Were you the owner and/or driver of the vehicle involved in the occurrence? If so, state whether the vehicle was repaired and, if so, state when, where, by whom, and the cost of the repairs.

24. What was the purpose and/or use for which the vehicle was being operated at the time of the occurrence?

25. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

26. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

27. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or the injuries and damages claimed to have resulted therefrom.

28. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ATTESTATION

STATE OF ILLINOIS)
) SS.
COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a plaintiff in the above-captioned matter; that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

SIGNATURE

SUBSCRIBED and SWORN to before me this
_____ day of _____, 19____.

NOTARY PUBLIC

Motor Vehicle Interrogatories to Defendants

1. State the full name of the defendant answering, as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of

your social security number, and if different give the full name, as well as the current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of the social security number of the individual signing these answers.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

3. State the full name and current residence address of each person not named in interrogatory No. 2 above who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

4. As a result of the occurrence, were you made a defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

5. Were you the owner and/or driver of the vehicle involved in the occurrence? If so, state whether the vehicle was repaired and, if so, state when, where, by whom, and the cost of the repairs.

6. Were you the owner and/or driver of any vehicle involved in the occurrence? If so, state whether you were named or covered under any policy, or policies, of liability insurance effective on the date of the occurrence and, if so, state the name of each such company or companies, the policy number or numbers, the effective period(s) and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

7. Do you have any information:

(a) That any plaintiff was, within the five years immediately prior to the occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has suffered any serious personal injury and/or illness since the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(d) That any plaintiff has ever filed any other suit for his or her own personal injuries? If so, state the name of each plaintiff so involved and state the court and caption in which filed, the year filed, the title and docket number of the case.

8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address and occupation and employer of the person taking them.

9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

- (a) The date or dates of such conversations and/or statements;
- (b) The place of such conversations and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

10. Do you know of any statements made by any person relating to the occurrence complained of by the plaintiff? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written and/or oral.

11. Had you consumed any alcoholic beverage within 12 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered as a conviction.

13. Had you used any drugs or medications within 24 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If your answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

15. What was the purpose and/or use for which the vehicle was being operated at the time of the occurrence?

16. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

17. State the name and address of the registered owner of each vehicle involved in the occurrence.

18. Have you ever had your driver's license suspended or revoked? If so, state whether it was suspended or revoked, the date it was suspended or revoked, the reason for the suspension or

revocation, the period of time for which it was suspended or revoked, and the state that issued the license.

19. Do you have or have you had any restrictions on your driver's license? If so, state the nature of the restrictions.

20. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

21. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you within the last five years and the dates of each such examination.

22. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

24. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or of the injuries and damages claimed to have resulted therefrom.

25. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ATTESTATION

STATE OF ILLINOIS)

) SS.

COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a defendant in the above-captioned matter, that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

SIGNATURE

SUBSCRIBED and SWORN to before me this

_____ day of _____, 19____.

NOTARY PUBLIC

Matrimonial Interrogatories

1. State your full name, current address, date of birth and the last four digits of your social security number.

2. List all employment held by you during the preceding three years and with regard to each employment state:

(a) The name and address of each employer;

(b) Your position, job title or description;

(c) If you had an employment contract;

(d) The date on which you commenced your employment and, if applicable, the date and reason for the termination of your employment;

(e) Your current gross and net income per pay period;

(f) Your gross income as shown on the last W-2 tax and wage statement received by you, your social security wages as shown on the last W-2 tax and wage statement received by you, and the amounts of all deductions shown thereon; and

(g) All additional benefits or perquisites received from your employment stating the type and value thereof.

3. During the preceding three years, have you had any source of income other than from your employment listed above? If so, with regard to each source of income, state the following:

(a) The source of income, including the type of income and name and address of the source;

(b) The frequency in which you receive income from the source;

(c) The amount of income received by you from the source during the immediately preceding three years; and

(d) The amount of income received by you from the source for each month during the immediately preceding three years.

4. Do you own any interest in real estate? If so, with regard to each such interest state the following:

(a) The size and description of the parcel of real estate, including improvements thereon;

(b) The name, address and interest of each person who has or claims to have an ownership interest in the parcel of real estate;

(c) The date your interest in the parcel of real estate was acquired;

- (d) The consideration you transferred or paid for your interest in the parcel of real estate;
- (e) Your estimate of the current fair market value of the parcel of real estate and your interest therein; and
- (f) The amount of any indebtedness owed on the parcel of real estate and to whom.

5. For the preceding three years, list the names and addresses of all associations, partnerships, corporations, enterprises or entities in which you have an interest or claim any interest, the nature of your interest or claim of interest therein, the amount of percentage of your interest or claim of interest therein, and an estimate of the value of your interest therein.

6. During the preceding three years, have you had any account or investment in any type of financial institution, individually or with another or in the name of another, including checking accounts, savings accounts, certificates of deposit and money market accounts? If so, with regard to each such account or investment, state the following:

- (a) The type of account or investment;
- (b) The name and address of the financial institution;
- (c) The name and address of each person in whose name the account is held; and
- (d) Both the high and the low balance of the account or investment, stating the date of the high balance and the date of the low balance.

7. During the preceding three years, have you been the holder of or had access to any safety deposit boxes? If so, state the following:

- (a) The name of the bank or institution where such box is located;
- (b) The number of each box;
- (c) A description of the contents of each box during the immediately preceding three years and as of the date of the answer; and
- (d) The name and address of any joint or co-owners of such safety deposit box or any trustees holding the box for your benefit.

8. During the immediately preceding three years, has any person or entity held cash or property on your behalf? If so, state:

- (a) The name and address of the person or entity holding the cash or property; and
- (b) The type of cash or property held and the value thereof.

9. During the preceding three years, have you owned any stocks, bonds, securities or other investments, including savings bonds? If so, with regard to each such stock, bond, security or investment state:

- (a) A description of the stock, bond, security or investment;
- (b) The name and address of the entity issuing the stock, bond, security or investment;
- (c) The present value of such stock, bond, security or investment;
- (d) The date of acquisition of the stock, bond, security or investment;
- (e) The cost of the stock, bond, security or investment;
- (f) The name and address of any other owner or owners in such stock, bond, security or investment.

investment; and

(g) If applicable, the date sold and the amount realized therefrom.

10. Do you own or have any incidents of ownership in any life, annuity or endowment insurance policies? If so, with regard to each such policy state:

- (a) The name of the company;
- (b) The number of the policy;
- (c) The face value of the policy;
- (d) The present value of the policy;
- (e) The amount of any loan or encumbrance on the policy;
- (f) The date of acquisition of the policy; and
- (g) With regard to each policy, the beneficiary or beneficiaries.

11. Do you have any right, title, claim or interest in or to a pension plan, retirement plan or profit sharing plan, including, but not limited to, individual retirement accounts, 401(k) plans and deferred compensation plans? If so, with regard to each such plan state:

- (a) The name and address of the entity providing the plan;
- (b) The date of your initial participation in the plan; and
- (c) The amount of funds currently held on your behalf under the plan.

12. Do you have any outstanding indebtedness or financial obligations, including mortgages, promissory notes, or other oral or written contracts? If so, with regard to each obligation state the following:

- (a) The name and address of the creditor;
- (b) The form of the obligation;
- (c) The date the obligation was initially incurred;
- (d) The amount of the original obligation;
- (e) The purpose or consideration for which the obligation was incurred;
- (f) A description of any security connected with the obligation;
- (g) The rate of interest on the obligation;
- (h) The present unpaid balance of the obligation;
- (i) The dates and amounts of installment payments; and
- (j) The date of maturity of the obligation.

13. Are you owed any money or property? If so, state:

- (a) The name and address of the debtor;
- (b) The form of the obligation;
- (c) The date the obligation was initially incurred;
- (d) The amount of the original obligation;
- (e) The purpose or consideration for which the obligation was incurred;
- (f) The description of any security connected with the obligation;

- (g) The rate of interest on the obligation;
- (h) The present unpaid balance of the obligation;
- (i) The dates and amounts of installment payments; and
- (j) The date of maturity of the obligation.

14. State the year, make and model of each motor or motorized vehicle, motor or mobile home and farm machinery or equipment in which you have an ownership, estate, interest or claim of interest, whether individually or with another, and with regard to each item state:

- (a) The date the item was acquired;
- (b) The consideration paid for the item;
- (c) The name and address of each other person who has a right, title, claim or interest in or to the item;
- (d) The approximate fair market value of the item; and
- (e) The amount of any indebtedness on the item and the name and address of the creditor.

15. Have you purchased or contributed towards the payment for or provided other consideration or improvement with regard to any real estate, motorized vehicle, financial account or securities, or other property, real or personal, on behalf of another person or entity other than your spouse during the preceding three years. If so, with regard to each such transaction state:

- (a) The name and address of the person or entity to whom you contributed;
- (b) The type of contribution made by you;
- (c) The type of property to which the contribution was made;
- (d) The location of the property to which the contribution was made;
- (e) Whether or not there is written evidence of the existence of a loan; and
- (f) A description of the written evidence.

16. During the preceding three years, have you made any gift of cash or property, real or personal, to any person or entity not your spouse? If so, with regard to each such transaction state:

- (a) A description of the gift;
- (b) The value of the gift;
- (c) The date of the gift;
- (d) The name and address of the person or entity receiving the gift;
- (e) Whether or not there is written evidence of the existence of a gift; and
- (f) A description of the written evidence.

17. During the preceding three years, have you made any loans to any person or entity not your spouse and, if so, with regard to each such loan state:

- (a) A description of the loan;
- (b) The value of the loan;
- (c) The date of the loan;

- (d) The name and address of the person or entity receiving the loan;
- (e) Whether or not there is written evidence of the existence of a loan; and
- (f) A description of the written evidence.

18. During the preceding three years, have you sold, transferred, conveyed, encumbered, concealed, damaged or otherwise disposed of any property owned by you and/or your spouse individually or collectively? If so, with regard to each item of property state:

- (a) A description of the property;
- (b) The current location of the property;
- (c) The purpose or reason for the action taken by you with regard to the property;
- (d) The approximate fair market value of the property;
- (e) Whether or not there is written evidence of any such transaction; and
- (f) A description of the written evidence.

19. During the preceding three years, have any appraisals been made with regard to any of the property listed by you under your answers to these interrogatories? If so, state:

- (a) The name and address of the person conducting each such appraisal;
- (b) A description of the property appraised;
- (c) The date of the appraisal; and
- (d) The location of any copies of each such appraisal.

20. During the preceding three years, have you prepared or has anyone prepared for you any financial statements, net worth statements or lists of assets and liabilities pertaining to your property or financial affairs? If so, with regard to each such document state:

- (a) The name and address of the person preparing each such document;
- (b) The type of document prepared;
- (c) The date the document was prepared; and
- (d) The location of all copies of each such document.

21. State the name and address of any accountant, tax preparer, bookkeeper and other person, firm or entity who has kept or prepared books, documents and records with regard to your income, property, business or financial affairs during the course of this marriage.

22. List all nonmarital property claimed by you, identifying each item of property as to the type of property, the date received, the basis on which you claim it is nonmarital property, its location, and the present value of the property.

23. List all marital property of this marriage, identifying each item of property as to the type of property, the basis on which you claim it to be marital property, its location, and the present value of the property.

24. What contribution or dissipation has your spouse made to the marital estate, including but not limited to each of the items or property identified in response to interrogatories No. 22 and No. 23 above, citing specifics, if any, for each item of property?

25. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each

witness who will testify at trial and all other information required for each witness.

26. Are you in any manner incapacitated or limited in your ability to earn income at the present time? If so, define and describe such incapacity or limitation, and state when such incapacity or limitation commenced and when it is expected to end.

27. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ATTESTATION

STATE OF ILLINOIS)
) SS.
COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a _____ in the above-captioned matter, that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

SIGNATURE

SUBSCRIBED and SWORN to before me this

_____ day of _____, 19____.

NOTARY PUBLIC

Medical Malpractice Interrogatories to Plaintiff

1. State your full name, as well as your current residence address, the last four digits of your social security number, date and place of birth, and any other name by which you have ever been known.

2. Describe the acts and/or omissions of the defendant(s), *i.e.*, the specific diagnosis, procedure, test, therapy, treatment or other type of healing arts ministrations which you claim caused or contributed to the injuries for which you seek damages and, as to each, state:

(a) The date or dates thereof;

(b) The name and address of each witness;

(c) The names and addresses of all other persons having knowledge thereof and as to each such person the basis for his or her knowledge; and

(d) The location of any and all documents, including without limitation, hospital and medical records reflecting such acts and/or omissions.

3. State the full name, last known address, telephone number, occupation and/or profession, employer or business affiliation, and relationship to you of each person who has or claims to have knowledge that the defendant(s) deviated from any applicable standard of care in relation to you. As to each such person, state:

(a) The nature of such knowledge;

(b) The manner whereby it was acquired;

(c) The date or dates upon which such knowledge was acquired; and

(d) The identity and location of any and all documents reflecting such deviation.

4. Please state the name, address and specialty, if any, of all treating physicians, nurses, medical technicians or other persons practicing the healing arts in any of its branches with whom you or your attorneys have discussed any of the following:

(a) The standard of care owed to you by the defendant(s);

(b) The negligent acts and/or omissions described in your Complaint;

(c) The nature and extent of any injuries suffered by you; and

(d) The relationship between acts and/or omissions on the part of the defendant(s) and such injuries.

5. Do you know of any statements made by any person relating to the care and treatment or the damages alleged in the Complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

6. State the name, author, publisher, title, and date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in proving any of the allegations set forth in the Complaint.

7. Identify each and every rule, regulation, bylaw, protocol, standard or writing of whatsoever nature by any professional group, association, credentialing body, accrediting authority or governmental agency which you, or your attorney, may use at trial to establish the standard of care owed by the defendant(s), or the breach thereof.

8. Please identify and state the location of any of the following documents relating to the issues in this case which either bear the name, handwriting and/or signature of the defendant(s):

(a) Publications and/or professional literature authored by the defendant(s), including publication source and reference;

(b) Correspondence, records, memoranda or other writings prepared by the defendant(s) regarding your diagnosis, care and treatment, other than medical and hospital records in this case; and

(c) Documents prepared by persons other than you or your attorneys which contain the name of the defendant(s).

9. Describe the personal injuries sustained by you as the result of the negligent act or omissions described in your Complaint.

10. With regard to your injuries, state:

(a) The name and address of each attending physician and/or health care professional;

(b) The name and address of each consulting physician and/or other health care professional;

(c) The name and address of each person and/or laboratory taking any X ray, MRI and/or other radiological tests of you;

(d) The date or inclusive dates on which each of them rendered you service;

(e) The amounts to date of their respective bills for service; and

(f) From which of them you have written reports.

11. As the result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

12. As the result of your personal injuries, were you unable to work? If so, state:

(a) The name and address of your employer, if any, at the time of the acts and/or omissions described in the Complaint, your wage and/or salary, and the name of your supervisor and/or foreperson;

(b) The date or inclusive dates on which you were unable to work;

(c) The amount of wage and/or income loss claimed by you; and

(d) The name and address of your present employer and your wage and/or salary.

13. State any and all other expenses and/or losses you claim as a result of the acts and/or omissions described in the complaint. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

14. Had you suffered any personal injury or prolonged, serious and/or chronic illness within ten (10) years prior to the date of the acts and/or omissions described in your complaint? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

For each physician, or other health care professional, hospital and/or clinic identified in the preceding paragraph, state the name and address of each insurance company or other entity (health maintenance organization, governmental public assistance program, *etc.*) which provided to you indemnity, reimbursement or other payment for the medical services received by you and as to each such payor, state the policy number, group number and/or identification number under which you were able to obtain such medical services.

15. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the negligent act or omission alleged in your complaint? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

16. Have any other suits been filed for your personal injuries preceding the filing of this lawsuit? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

17. Have you filed a claim for and/or received workers' compensation benefits? If so, state the name and address of the employer, the date(s) of the accident(s), the identity of the insurance company that paid any such benefits and the case number(s) and jurisdiction(s) where filed.

18. Did defendant(s) or anyone associated with defendant(s) give you information or discuss with you the risks involved in the treatment to be given you? If so, state the date(s) and place(s) such information was given, the name(s) of the person(s) providing such information or engaging you in the discussion, and give a description of the information provided or discussed with you.

19. Are you claiming any psychiatric, psychological and/or emotional injuries as a result of the acts and/or omissions described in the complaint? If so, state:

(a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;

(b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the acts and/or omissions described in the complaint; and

(c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

20. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

21. Do you have any photographs, movies and/or videotapes relating to the acts and/or omissions which are described in your complaint and/or the nature and extent of any injuries for which recovery is sought? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, who was displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

22. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in your complaint was provided, or have you overheard any statement made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the care and treatment alleged in the complaint was provided? If so, state:

(a) The date or dates of such conversation(s) and/or statement(s);

(b) The place of such conversation(s) and/or statement(s);

- (c) All persons present for the conversation(s) and/or statement(s);
- (d) The matters and things stated by the person in the conversation(s) and/or statement(s);
- (e) Whether the conversation(s) was oral, written and/or recorded; and
- (f) Who has possession of the statement(s) if written and/or recorded.

23. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in your complaint? If your answer is in the affirmative, state:

- (a) The amount of such payment and/or other consideration received;
- (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and
- (c) Whether there are any documents evidencing such payment and/or other consideration received.

24. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

25. List the names and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ATTESTATION

STATE OF ILLINOIS)
) SS.
 COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a _____ in the above-captioned matter, that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

 SIGNATURE

SUBSCRIBED and SWORN to before me this
 ____ day of _____, 19__.

NOTARY PUBLIC

Medical Malpractice Interrogatories to Defendant Doctor
(Amended May 30, 2008, eff. immediately)

1. State your full name, professional and residence addresses, and attach a current copy of your *curriculum vitae* (CV). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence? If so, state the court, the caption and the case number for each lawsuit.

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

5. Have you ever testified in court in a medical malpractice case? If so, state the court, the caption and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician or expert and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

6. Has your license to practice medicine ever been suspended or has any disciplinary action ever been taken against you in reference to your license? If so, state the specific disciplinary action taken, the date of the disciplinary action, the reason for the disciplinary action, the period of time for which the disciplinary action was effective and the name and address of the disciplinary entity taking the action.

7. State the exact dates and places on and at which you saw the plaintiff for the purpose of providing care or treatment.

8. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

9. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;

d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and

e. The named insured(s) under the policy.

10. Are you incorporated as a professional corporation? If so, state the legal name of your corporation and the name(s) and address(es) for all shareholders.

11. If you are not incorporated as a professional corporation, state whether you were affiliated with a corporate medical practice or partnership in any manner on the date of the occurrence alleged in the complaint. If so, state the name of the corporate medical practice or partnership, the nature of your affiliation and the dates of your affiliation.

12. Were you at any time an employee, agent, servant, shareholder or partner of [NAME OF HOSPITAL]? If so, state the date(s) and nature of your relationship.

13. State whether there were any policies, procedures, guidelines, rules or protocols for [THE PROCEDURE COMPLAINED OF] that were in effect at [NAME OF THE HOSPITAL WHERE PROCEDURE WAS PERFORMED] at the time of the care and/or treatment alleged in the complaint. If so, state:

a. Whether such policies, guidelines, rules or protocols are published and by whom;

b. The effective date of said policies, guidelines, rules or protocols;

c. Which medical professionals are bound by said policies, guidelines, rules or protocols;

d. Who is the administrator of any such policies, procedures, guidelines, rules and/or protocols; and

e. Whether the policies, guidelines, rules or protocols in effect at the time of the occurrence alleged in the complaint have been changed, amended, or altered since the occurrence. If so, state the change(s) and the date(s) of any such change(s).

14. Were any photographs, movies and/or videotapes taken of the plaintiff or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

15. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

16. Do you have any information:

a. That any plaintiff was, within the 10 years immediately prior to the care and treatment described in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or health-care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That any plaintiff has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state the name of each plaintiff so involved

_____, being first duly sworn on oath, deposes and states that he/she is a defendant in the above-captioned matter; that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

SIGNATURE

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20____.

NOTARY PUBLIC

**Medical Malpractice Interrogatories
to Defendant Hospital**

1. State the full name and address of the person answering and, if different, the full name and address of the individual signing the answers.
2. Do you know of any statements made by any person relating to the care and treatment of the plaintiff or the damages alleged of in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.
3. Has the [NAME OF DEFENDANT HOSPITAL] been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence during the 8 year period preceding the filing of this lawsuit? If so, state the court, the caption and the case number for such lawsuit.
4. State whether [NAME OF DEFENDANT HOSPITAL] was named or covered under any policy or policies of medical liability insurance at the time of the care or treatment alleged in the complaint? If so, state for each policy:
 - a. The name of the insurance company;
 - b. The policy number;

- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
- e. The named insured(s) under each policy.

5. State whether any hearing dealing with mortality or morbidity was held regarding the care and treatment of the plaintiff alleged in the Complaint.

6. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the Complaint.

7. Identify each and every rule, regulation, bylaw or other document of any hospital, association, licensing authority, accrediting authority or other private body which you, or your attorneys, may use at trial in defense of the allegations contained in the Complaint.

8. State whether there were any policies, procedures, guidelines, rules or protocols for [PROCEDURE COMPLAINED OF] in effect at [DEFENDANT HOSPITAL] at the time of the care and/or treatment of the plaintiff alleged in the Complaint. If so, state:

- a. Whether such policies, procedures, opinions, rules or protocols are published and by whom;
- b. The effective date of said policies, procedures, guidelines, rules or protocols;
- c. Which medical professionals are bound by said policies, procedures, guidelines, rules or protocols;
- d. Who is the administrator of any such policies, procedures, guidelines, rules or protocols; and
- e. Whether the policies, procedures, guidelines, rules or protocols in effect at the time of the occurrence alleged in the Complaint have been changed, amended or altered after the occurrence. If so, state the change(s) and the date(s) of any such change(s).

9. Was [DEFENDANT DOCTOR] an employee, agent, servant, shareholder or partner of [DEFENDANT HOSPITAL] at the time of the care or treatment of the plaintiff alleged in the Complaint? If so, state with specificity the nature of the relationship.

10. State for each person who directly or indirectly was involved in the care or treatment of the plaintiff alleged in the Complaint:

- a. That person's full name and current residence address;
- b. The name and current address of that person's employer;
- c. The employment relationship of that person with [DEFENDANT HOSPITAL];
- d. The date(s) of such person's care or treatment, including a description of the care or treatment; and
- e. The name and current address of any other individual present when the care or treatment was rendered.

11. Were any photographs, movies and/or videotapes taken of the plaintiff or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or

videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

12. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment alleged in the complaint was provided, or have you overheard any statement made by any persons at any time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment alleged in the complaint was provided? If so, state:

- a. The date or dates of such conversation(s) and/or statements(s);
- b. The place of such conversation(s) and/or statement(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

13. Do you have any information:

a. That any plaintiff was, within the 10 years immediately prior to the care and treatment alleged in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That any plaintiff has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered.

c. That any plaintiff has suffered any serious personal injury and/or illness since the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered.

d. That any other suit has been filed for any plaintiff's personal injuries? If so, state the name of each plaintiff involved, the nature of the injuries claimed, the court(s) and caption(s) in which filed, the year(s) filed, and the title(s) and docket number(s) of the suit(s).

e. That any claim for workers' compensation benefits has been filed for any plaintiff? If so, state the name and address of the employer, the date(s) of the accident(s), the identity of the insurance company that paid any such benefits and the case number(s) and jurisdiction(s) where filed.

14. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and all other information required for each witness.

15. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

16. List the name and address of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ATTESTATION

STATE OF ILLINOIS)
) SS.
COUNTY OF _____)

_____, being first duly sworn on oath, deposes and states that he/she is a defendant in the above-captioned matter, that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

SIGNATURE

SUBSCRIBED and SWORN to before me this

_____ day of _____, 19__.

NOTARY PUBLIC

Rule 224. Discovery Before Suit to Identify Responsible Persons and Entities

In the Circuit Court of the _____ Judicial Circuit
_____ County, Illinois (Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D. *et al.*
(naming all petitioners),
Petitioners,

v.

No. _____

H.J., K.L. *et al.*
(naming all respondents),
Respondents.

SUMMONS FOR DISCOVERY

TO EACH RESPONDENT:

You are hereby notified that on _____, 20__, a petition, a copy of which is attached, was filed in the above court seeking an order of discovery. Pursuant to law a hearing will be held to determine whether such an order shall be entered in this case. If you wish to contest the entry of such order, you must appear at this hearing at _____, at _____ o'clock ___M., on _____, _____, 20__.

Clerk of the Circuit Court

Unless a shorter period is fixed by the court, the summons shall be served at least 14 days before the date of hearing, in the manner provided for service of summons in other civil cases. If service cannot with due diligence be made upon the respondent(s), the court may by order provide for service by publication or otherwise.

PART J. MISCELLANEOUS

Rule 291. Proceedings Under the Administrative Review Law

In the Circuit Court of the _____ Judicial Circuit
_____ County, Illinois
(Or, In the Circuit Court of Cook County, Illinois)

A.B., C.D., *etc.* (naming all plaintiffs),
Plaintiffs,

v.

No. _____

First the Agency appealed from, and
the defendants, and parties not
appealing,

Defendants.

To each of the above-named defendants:

You are hereby summoned and required to file an answer in this case or otherwise file your appearance in the office of the clerk of this court within 35 days after the date of this summons.

This summons is served upon you by registered or certified mail pursuant to the provisions of the Administrative Review Law.

Witness _____, 20 ____

(Seal of Court)

Clerk of Court

Plaintiff's Attorney (or plaintiff, if he is not represented by attorney) _____

Address _____

Telephone No. _____

Facsimile Telephone No. _____

E-Mail Address _____

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff's attorney's facsimile machine is additionally required.)

Rule 292. Form of Summons in Proceedings to Review Orders of the Illinois Workers' Compensation Commission

In the Circuit Court of the _____ Judicial Circuit,
_____ County, Illinois.
(Or, In the Circuit Court of Cook County, Illinois.)

_____,
Petitioner,

v. The Illinois Workers' Compensation Commission
and _____

No. _____

_____,
Respondents.

SUMMONS

To each respondent:

You are hereby summoned and required to file your appearance on or before _____, 20____, in the above entitled proceeding, in the office of the clerk of this court; and the Illinois Workers' Compensation Commission shall, on or before _____, 20____, certify and file, in the above-entitled proceeding, in the office of the clerk of this court, a transcript of the proceedings had before the Commission, in Illinois Workers' Compensation Commission No. _____, in which a decision or award was rendered on _____, 20____, by the Illinois Workers' Compensation Commission for _____ and against _____.

Witness _____, 20____

(Seal of Court)

Clerk of the Circuit Court

Name _____

Attorney for _____

Address _____

Telephone No. _____

Note: Pursuant to law, proceedings for judicial review shall be commenced within 20 days of the

receipt of notice of the decision of the Commission. The summons shall be issued by the clerk of such court upon written request, returnable on a designated return day, not less than 10 nor more than 60 days from the date of issuance thereof.

On _____, 20____, in accordance with law, I mailed a copy of this summons, postage prepaid, to the office of the Illinois Workers' Compensation Commission and to the following parties in interest or their attorney or attorneys of record:

Respondent _____

Address _____

Dated _____, 20____

Clerk of Court

Rule 298. Application for Waiver of Court Fees

RULE 298 CERTIFICATION FOR WAIVER OF FEES REPRESENTATION BY CIVIL LEGAL SERVICES PROVIDER OR COURT-SPONSORED PRO BONO PROGRAM

Pursuant to Supreme Court Rule 298, the undersigned counsel hereby certifies that he/she is an attorney for _____ (*name of organization or court program*), a civil legal services provider or court-sponsored pro bono program as defined in 735 ILCS 5/5-105.5(a), and that _____ (*name of organization or court program*) has made the determination that _____ (*name of party*) has income of 125% or less of the current official poverty guidelines or is otherwise eligible to receive services under the eligibility guidelines of the civil legal services provider or court-sponsored pro bono program. As a result, under Supreme Court Rule 298, _____ (*name of party*) is eligible to sue or defend without payment of fees, costs or charges as defined at 735 ILCS 5/5-105(a)(1).

Attorney Certification

Name of Organization or Court Program: _____

Attorney Name _____

Attorney No. _____

Address _____

City, State, Zip _____

Telephone _____

Application for Waiver of Court Fees

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

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	APPLICATION FOR WAIVER OF COURT FEES	<i>For Court Use Only</i>
Instructions	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number
Enter above the county name where the case was filed.		
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.		
Enter the name of the person being sued as Defendant/Respondent.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		

In **1a**, enter your full name. **If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.**

In **1b**, only enter the year you were born. **DO NOT** enter your entire date of birth.

In **1c**, enter your complete current address.

In **2a**, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.

In **2b**, enter the number of people under age 18 living in your house who you support.

In **3**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **3**, skip **4** and sign the form.

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

1. I am providing the following information about myself:

- a. Name: _____

First
Middle
Last
- b. Year of Birth: _____
- c. Street Address: _____
 City, State, ZIP: _____
- d. I believe I cannot afford to pay the court fees in this case.

2. I am providing the following information about people who live with me:

- a. I support _____ adults *(not counting myself)* who live with me.
- b. I support _____ children under 18 who live with me.

3. I have received 1 or more of the benefits listed below in the past 4 weeks:

- Yes No
- Supplemental Security Income (SSI) (Not Social Security)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Temporary Assistance to Needy Families (TANF)
 - State Children & Family Assistance
 - Food Stamps (SNAP)
 - General Assistance (GA)
 - Transitional Assistance

****If you answered "Yes" in section 3, skip section 4 and sign the form.****

4. I checked "No" in section 3, so I am providing the following financial information:

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

- a. I have applied for 1 or more of the benefits listed in section 3:
 Yes No

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

- b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income
 Total of all money received: \$ _____

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

Include the money received by the people you support who live with you.

- c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income
 Total of all money received: \$ _____

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

- d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

- Rent: \$ _____ per month
 Home Mortgage: \$ _____ per month
 Other Mortgage: \$ _____ per month
 Utilities: \$ _____ per month
 Food: \$ _____ per month
 Medical: \$ _____ per month
 Car Loan: \$ _____ per month
 Other *(list type and amount)*: _____ \$ _____ per month
 I have no expenses
 Total of all expenses: \$ _____

In **4e**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. (*check all that apply*)

Bank accounts and cash totaling: \$ _____

Home real estate, worth: \$ _____

The total I owe on my home mortgage is: \$ _____

Other real estate, not including the house I live in, worth: \$ _____

The total I owe on my other mortgage is: \$ _____

1st vehicle worth: \$ _____ The 1st vehicle is paid off: Yes No

2nd vehicle worth: \$ _____ The 2nd vehicle is paid off: Yes No

Other (*list items and value*): _____ \$ _____

None of the above

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 *Application For Waiver Of Court Fees* 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](#).

Your Signature

Street Address

Print Your Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone

After you finish this form, sign and print your name.

Enter the complete current address and telephone number of the person who filled out this form.

If you are filling out this form for a minor or an incompetent adult, state your relationship.