

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ANSWER/RESPONSE TO COMPLAINT/PETITION</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the name of the county where the case was filed.  Enter the name of the person or company that filed this case as Plaintiff/Petitioner.  Enter your name as the Defendant/Respondent.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Plaintiff / Petitioner</b> <i>(First, middle, last name or Company)</i>  v.  _____ <b>Defendant / Respondent</b> <i>(First, middle, last name)</i>	_____ <b>Case Number</b>

In 1, enter your full name.
In 2, enter the number and letter of each paragraph and subparagraph in the Complaint/Petition.
<ul style="list-style-type: none"> <li>• Check “Admit” if you agree all of the statements in the paragraph are true; or</li> <li>• Check “Deny” if you disagree with any of the statements in the paragraph; or</li> <li>• Check “Do Not Know” if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.</li> </ul>
If you run out of space, list additional paragraphs on an <i>Additional Paragraphs for Answer/Response to Complaint/Petition</i> form, check the box, and file it with this form.
<a href="#">735 ILCS 5/2-605(a)</a> requires that if the Complaint/Petition is verified by oath that the <i>Answer/Response to Complaint/Petition</i> must also be verified.

1. My name is: \_\_\_\_\_  
   *First*  *Middle*  *Last*  
 and I am the Defendant/Respondent.

2. My *Answer/Response to Complaint/Petition* is:

Paragraph Number	Subparagraph Letter <i>(if applicable)</i>		Admit	Deny	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know
_____	_____	<input type="checkbox"/>	Admit	<input type="checkbox"/>	Do Not Know

I have listed additional statements on the *Additional Paragraphs for Answer/Response to Complaint/Petition* form.

**If the Complaint/Petition is verified by oath, then I certify that my answers above are 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](#).**

**735 ILCS 5/2-610(b)**

requires that you swear to a lack of knowledge if you cannot admit or deny any of the statements in the Complaint/Petition.

**IL Supreme Court Rule 137** requires the Answer/Response to Complaint/Petition be signed.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Where I answer "Do Not Know" to paragraphs in section 2, above, I certify that I do not have enough information to admit or deny the statements in these paragraphs. I understand that making a false statement on this form is perjury and has penalties provided by law under **735 ILCS 5/1-109**.

/s/

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone

**GETTING COURT DOCUMENTS BY EMAIL:** If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

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

\_\_\_\_\_  
Email

**PROOF OF DELIVERY**

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

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

1. I sent this document:

a. To:

Name:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

Address:

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

Email address: \_\_\_\_\_

b. By:  Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
Address of Post Office or Mailbox

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

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

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

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

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

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

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_  a.m.  p.m.  
*Time*

2. I sent this document:

a. To: Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

Email address: \_\_\_\_\_

- b. By:  Personal hand delivery  
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

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

\_\_\_\_\_  
*Name (for example, FedEx or UPS ) and office address*

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

- Email (*not through an EFM or EFSP*)

- Mail from a prison or jail at:

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

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_  a.m.  p.m.  
*Time*

3. I sent this document:

a. To: Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

Email address: \_\_\_\_\_

- b. By:  Personal hand delivery  
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

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

\_\_\_\_\_  
*Name (for example, FedEx or UPS ) and office address*

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

- Email (*not through an EFM or EFSP*)

- Mail from a prison or jail at:

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

If you sent your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_  a.m.  p.m.  
*Time*

I have completed an *Additional Proof of Delivery* form.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_  
*/s/*  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

\_\_\_\_\_  
*Telephone*