

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ADDITIONAL PARAGRAPHS FOR ANSWER/RESPONSE TO COMPLAINT/PETITION	<i>For Court Use Only</i>
Instructions ▼		
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.	Plaintiff / Petitioner <i>(First, middle, last name or Company)</i>	
Enter your the name as the Defendant/ Respondent.	v.	
Enter the Case Number given by the Circuit Clerk.	Defendant / Respondent <i>(First, middle, last name)</i>	Case Number

Enter the number and letter of each additional paragraph and subparagraph in the Complaint/Petition.

- Check “Admit” if you agree all of the statements in the paragraph are true; or
- Check “Deny” if you disagree with any of the statements in the paragraph; or
- 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.

My Answer/Response to the Complaint/Petition is:

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

File this form to with the *Answer/Response to Complaint/Petition*.