Party's Address Party's Telephone Number	STATE OF ILLINOIS, CIRCUIT COURT	BJECTION TO WITHDRAWAL OF LIMITED SCOPE APPEARANCE	For Court Use Only
v. Respondent (First, middle, last name) Case Number - Party Name	COUNTY		
v. Respondent (First, middle, last name) Case Number - Party Name			
	• • • • •	-	
Party Name iled on	Respondent (First, middle, last name)	Case Number
Ided on	, Party Name	_, object to my attorney's <i>Notice of Withdraw</i>	val of Limited Scope Appearance
Ally attorney has not finished everything he or she had agreed to do in the Notice of Limited Scope Appearance. I Inderstand this is the only basis for me to present a valid objection to my attorney's notice of withdrawal. The specific ervices that my attorney has not completed are: understand that my Objection will be set for a court hearing and I will be required to appear at that hearing and explain to a judge what services my attorney has not completed that he or she had agreed to do for me. Signature of Party Party's Address Party's Telephone Number	,		
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o a judge what services my attorney has not completed that he or she had agreed to do for me. Signature of Party Party's Address Party's Address	-		
o a judge what services my attorney has not completed that he or she had agreed to do for me. Signature of Party Party's Address Party's Address			
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Signature of Party Name of Party Party's Address Party's Telephone Number			•••••
Party's Address Party's Telephone Number			
	Signature of Party	Name of Party	
Party's E-Mail Address Date	Party's Address	Party's Telephone Number	
Party's E-Mail Address Date			
	Party's E-Mail Address	Date	
certify that this Objection has been filed with the court on and on the same day I served	Proof of Filing and Service		

	-			Date	
this	Objection on t	he following by	the method checked b	elow for each.	

To:									
Name:									
	Firs	t	Middle		Last				
Address:									
	Stre	eet, Apt #		City		State	ZIP		
Email:									
By:		Personal Delivery] Messenger					
		US Mail, Postage Prepa	aid 🗌] Facsimile					
		Email							

Name:								
	First		Middle		Last			
Address:								
	Stree	et, Apt #		City		State	ZIP	
Email:								
By:		Personal Delivery		Messenger				
		US Mail, Postage Prepa	aid 🗌	Facsimile				
		Email						
Name:								
Nume.	First		Middle		Last			
Address:								
	Stree	et, Apt #		City		State	ZIP	
Email:								
By:		Personal Delivery		Messenger				
		US Mail, Postage Prepa	aid 🗌	Facsimile				
		Email						

Signature of Party