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

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	NOTICE OF COMPLETION OF LIMITED SCOPE APPEARANCE	*For Court Use Only*
_____ **Plaintiff/Petitioner** *(First, middle, last name)* v. _____ **Defendant/Respondent** *(First, middle, last name)*		_____ **Case Number**

I withdraw my *Limited Scope Appearance* for _____ pursuant to Supreme Court
Client Name

Rule 13(c)(7). I have completed all services within the scope of the *Notice of Limited Scope Appearance*, and I have completed all acts ordered by the court within the scope of that appearance.

My withdrawal is automatic and the court should enter an order to that effect.

Service of court papers on me under Supreme Court Rule 11 is no longer required. Service of documents on _____ continues to be required.
Client Name

NOTICE TO _____ :
Client Name

You have the **right to object** to your lawyer's withdrawal if you believe that your lawyer has not finished everything that they agreed to do. To object, you must (*lawyer must check one*):

☐ **Withdrawal in Open Court**: Tell the judge that you object. The court will hold a hearing either immediately or on another date.

☐ **Withdrawal Outside of Court:**

1. Fill out the attached *Objection to Completion of Limited Scope Appearance* form, including the Proof of Filing and Delivery and sign where indicated.

2. File the *Objection* with the court _____ *(date to be filled in by lawyer)*
Date

   which is **21 days** after the date that your lawyer is filing and serving this *Notice*.

3. On the same day that you file the *Objection* with the court, send copies of it to your lawyer and to the other people listed in the Proof of Filing and Delivery attached to the *Objection*. Check the boxes to show how you sent the copy to each person.

   If you file and send an *Objection* within the 21-day period, your lawyer will schedule a hearing date. Your lawyer will send you notice of the date. You must attend the hearing and explain to the judge why you believe that your lawyer has not finished everything that your lawyer agreed to do for you.

Signature of Lawyer	*Name of Lawyer*
Lawyer's Address	*Lawyer's Telephone Number*
Lawyer's Email	*Attorney #*

Proof of Filing and Delivery

I certify that this *Notice* has been filed with the court on _____ and on the same day I served
Date

this Notice on the following, by the method checked below for each.

Note to Withdrawing Lawyer:	If you are withdrawing in open court, you may present this *Notice* to your client or other parties in court. The judge may also require you to serve this on parties who were neither present nor represented at the hearing. If you are withdrawing outside of court, you must serve this *Notice* and an *Objection to Completion of Limited Scope Appearance* on the Client you represented, all lawyers of record and parties not represented by a lawyer (unless excused by court order), and the judge now presiding over this case.

PROOF OF DELIVERY

In **1a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

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

1. I am sending the *Notice Completion of Limited Scope Appearance*

a. To:

Name: _____
First *Middle* *Last*

Address: _____
Street, Apt # *City* *State* *ZIP*

Email address: _____

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email *(not through an EFSP)*

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On: _____ at: _____ ☐ a.m. ☐ p.m.
Date *Time*

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

In **2a**, enter the name, mailing address, and email address of the party you are sending

2. I am sending this document:

a. To:

Name: _____
First *Middle* *Last*

Address: _____
Street, Apt # *City* *State* *ZIP*

the document to. If they have a lawyer, you **must** enter the lawyer's information.

Email address: _____

In **2b**, check the box to show how you are sending the document.

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email *(not through an EFSP)*

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

☐ Personal hand delivery to:

- ☐ The party
- ☐ The party's family member who is 13 or older, at the party's residence
- ☐ The party's lawyer
- ☐ The party's lawyer's office

☐ Mail or third-party carrier

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

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

c. On: _____ at: _____ ☐ a.m. ☐ p.m.
Date

If you are sending your document to more than 2 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

☐ 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 Delivery* 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.

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.

Enter your complete address, telephone number, and email address, if you have one.

/s/	
Your Signature	*Street Address*
Print Your Name	*City, State, ZIP*
Telephone	*Email*
	Attorney # (if any)

GETTING COURT DOCUMENTS BY EMAIL: 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, notice of court dates, or documents from other parties.

PRINT FORM SAVE FORM RESET FORM