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	**OBJECTION TO COMPLETION OF LIMITED SCOPE APPEARANCE**	*For Court Use Only*
_____ **Plaintiff/Petitioner** *(First, middle, last name)* v. _____ **Defendant/Respondent** *(First, middle, last name)*		_____ **Case Number**

WARNING:	If you object to your lawyer's withdrawal from your court case because your lawyer has not finished everything they agreed to do, you must **file this form within 21 days** after service of the lawyer's *Notice of Completion of Limited Scope Appearance*.

I, _____ , object to my lawyer's *Notice of Completion of Limited Scope Appearance*
Client Name

filed on _____ .
Date

My lawyer has not finished everything they agreed to do in the *Notice of Limited Scope Appearance*. I understand this is the only valid reason to object to my lawyer's *Notice of Completion*. The specific services that my lawyer has not completed are:

_____

_____

_____

I understand that my *Objection* will be set for a court hearing and I will be required to attend that hearing and explain to a judge what services my lawyer agreed to do but has not completed.

Signature of Client	*Name of Client*
Client's Address	*Client's Phone Number*
Client's Email	*Date*

Proof of Filing and Delivery

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

this *Objection* on the following by the method checked below for each.

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.

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

a. To:

Name: _____
First *Middle* *Last*

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

Email address: _____

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.

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

In **2b**, 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.

2. I am sending this document:

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

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