



NOTICE OF LIMITED SCOPE APPEARANCE

IN THE STATE OF ILLINOIS, CIRCUIT COURT

This tells the court a lawyer will provide representation in only part of the case.

COUNTY: _____
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE: _____
Who started the case. First, Middle, and Last Name, or Business Name

DEFENDANTS/RESPONDENTS: _____
Who the case was filed against.

First, Middle, and Last Name, or Business Name

Case Number



1. The Lawyer _____ and the Client _____,
Lawyer Client

have entered into a written agreement for the Lawyer to provide **limited scope representation** to the Client in this court case as described in Paragraph 3 below, dated _____.
Month, Day, Year

2. The Client is (*check one*): Plaintiff/Petitioner Defendant/Respondent.

3. The Lawyer appears pursuant to Supreme Court [Rule 13\(c\)\(6\)](#). This appearance is **limited in scope to the following way(s)** in which the Lawyer will represent the Client (*check and complete all that apply*):

in the court proceeding (*describe the proceeding*):

on the following date: _____.
Month, Day, Year

and in any continuance of that proceeding.

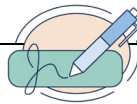
at the following deposition(s): _____

Other (*specify the scope and limits of representation*):

4. The Lawyer may **withdraw after completing the limited scope representation** described in this appearance in the following ways:
 - a. In Open Court: At a hearing attended by the Client, by presenting and filing an approved statewide *Notice of Completion of Limited Scope Appearance* with no prior notice. The Client may object if they believe that the Lawyer has not completed the limited scope representation described in this appearance. **If the Client wants to object to the withdrawal, they must do it in court right then;** or
 - b. Outside of Court: By filing an approved statewide *Notice of Completion of Limited Scope Representation* and an approved statewide *Objection to Completion of Limited Scope Appearance*, and serving them on the Client, other lawyers of record and other parties not represented by a lawyer (unless excused by court order), and on the judge then presiding over this case. If the Client objects to the withdrawal, the Client must file an *Objection to Completion of Limited Scope Appearance* within 21 days after the date of the service of the Lawyer's *Notice of Completion of Limited Scope Appearance* and *Objection*. If the Client timely files an *Objection*, the Lawyer must notice a hearing on the *Objection*.

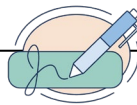
5. Until this Limited Scope Appearance ends, all documents must be sent to both the Lawyer and the Client listed below in accordance with Supreme Court [Rule 11\(f\)](#).

6. By signing below, the Client being represented under this *Limited Scope Appearance*:
 - a. agrees to receive court papers at the addresses listed below; and
 - b. agrees to inform the court, all lawyers of record, and all parties not represented by a lawyer of any changes to the Client's address information listed below during the limited scope representation.



LAWYER SIGNATURE

_____ <i>Signature of Lawyer</i>	_____ <i>Name of Lawyer</i>
_____ <i>Lawyer's Address</i>	_____ <i>Lawyer's Telephone Number</i>
_____ <i>Lawyer's Email</i>	_____ <i>Attorney #</i>
_____ <i>Law Firm or Organization</i>	



CLIENT SIGNATURE

_____ <i>Signature of Client</i>	_____ <i>Name of Client</i>
_____ <i>Client's Address</i>	_____ <i>Client's Telephone Number</i>
_____ <i>Client's Email</i>	_____ <i>Date</i>

PROOF OF DELIVERY

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to their lawyer.**

A. I am sending this document to:

Name: _____
First Middle Last Name

Address: _____
Street, Apt. # City State Zip Code

Email Address: _____

- By:** Electronically to the email address in **A**
- By email (*not through an EFSP*).
 - Using an approved electronic filing service provider (EFSP).
- I or the person I am sending the document to do not have an email address. I am sending the document by:
- Mail or third-party carrier to the address in **A**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

- Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

- Mail to the address in **A**, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

- B.** I am not sending these documents to additional people.

- OR -

- I am sending these documents to an additional person not listed in **A**:

Name: _____
First Middle Last Name

Address: _____
Street, Apt. # City State Zip Code

Email Address: _____

- By:** Electronically to the email address in **B**:
- By email (*not through an EFSP*).
 - Using an approved electronic filing service provider (EFSP).
- I or the person I am sending the document to do not have an email address. I am sending the document by:
- Mail or third-party carrier to the address in **B**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

- Personal hand delivery at this address:

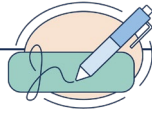
NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

- Mail to the address in **B**, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

- I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.



SIGN

Under [735 ILCS 5/1-109](#), your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ _____ Print Your Name _____

Your Address _____
Street, Apt. # *City* *State* *Zip Code*

Your Phone Number _____ Attorney Number (if any) _____

Your Email (if you have one) _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.