

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

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	CERTIFICATION FOR EXEMPTION FROM E-FILING	<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 who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

In 1. check the reasons you are asking to file by mail or in person. You should check all that apply.

1. I am not able to e-file documents in this case for the following reasons (check all that apply) :

- I do not know how to use a computer.
- I do not have the Internet or a computer in my home and my only access is through a public terminal at a courthouse, library, or other location. This poses a financial or other hardship.
- I have a disability that prevents me from e-filing.
- I have trouble reading, writing, or speaking in English.
- I need to file for an order of protection or a civil no contact/stalking order.

2. Illinois Supreme Court Rule 9(c)(4) allows for an exemption from e-filing for good cause. For the above reasons, I need a good cause exemption from e-filing for my entire case or until I am able to e-file.

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.

After you finish this form, sign and print your name.

Enter your complete address and telephone number.

I certify that everything in the *Certification for Exemption from E-filing* 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.

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone