

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>ADDITIONAL DEFENDANT SIGNATURES, NAMES, &amp; ADDRESSES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Enter above the county name where this case was filed. Enter the name of the bank or mortgage company as Plaintiff. Enter your names as Defendants. Enter the Case Number from the Complaint you received.	_____ <b>Plaintiff</b> <i>(Name of Bank or Mortgage Company)</i>  v.  _____  _____ <b>Defendants</b>	_____ <b>Case Number</b>

Each additional Defendant must sign and print their name, current addresses and phone number. You may not sign on behalf of another Defendant.

[735 ILCS §5/2-605\(a\)](#) requires that if the Complaint/Petition is verified by oath that the *Answer* must also be verified.

[735 ILCS §5/2-610\(b\)](#) requires that you swear to a lack of knowledge if you cannot admit or deny any of the statements in the Complaint/Petition.

[IL Supreme Court Rule 137](#) requires Answer/Response be signed.

**If the Complaint/Petition is verified by oath, then Defendants certify that their answers above are true and correct understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

**Where Defendants answer “Do Not Know” to paragraphs in section 2, above, Defendants certify that they do not have enough information to admit or deny the statements in these paragraphs. Defendants understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_ *Defendant Signature*                      \_\_\_\_\_ *Defendant Printed Name*

\_\_\_\_\_ *Street Address, Apt #*

\_\_\_\_\_ *City*                                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP*                      \_\_\_\_\_ *Phone*

\_\_\_\_\_ *Defendant Signature*                      \_\_\_\_\_ *Defendant Printed Name*

\_\_\_\_\_ *Street Address, Apt #*

\_\_\_\_\_ *City*                                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP*                      \_\_\_\_\_ *Phone*

\_\_\_\_\_ *Defendant Signature*                      \_\_\_\_\_ *Defendant Printed Name*

\_\_\_\_\_ *Street Address, Apt #*

\_\_\_\_\_ *City*                                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP*                      \_\_\_\_\_ *Phone*

Attach this form to your *Mortgage Foreclosure Appearance & Answer* form.