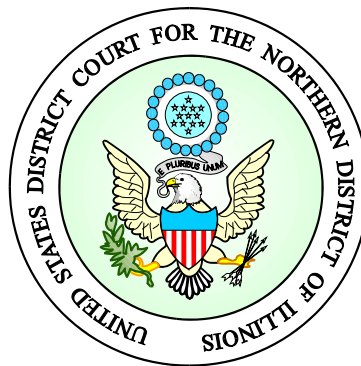


**FILING A CIVIL CASE  
WITHOUT AN ATTORNEY:  
MORTGAGE FORECLOSURE ANSWER  
FORMS & INSTRUCTIONS**



**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

**(06/27/2016)**

**Personal Identifiers in Paper Filings**

Federal Rules of Civil Procedure 5.2 addresses privacy and security concerns over public access to electronic court files. Under this rule, papers filed with the court should not contain anyone's full social-security number or full birth date; the name of a person known to be a minor; or a complete financial-account number. A filing may include only the last four digits of a social security number or taxpayer identification number; the year of someone's birth; a minor's initials; and the last four digits of a financial-account number. Please review the rule for a complete listing and exceptions.

## **Some Important Information to Know if a Mortgage Foreclosure Complaint is Filed Against You**

- **Right to Reinstatement:** When a mortgage foreclosure complaint is filed against you, you have the right to reinstate the loan within 90 days of being served with the summons. This means you have the opportunity to bring your loan current by paying all past due amounts, which includes all accumulated principal, interest, escrow, costs and fees. If you are interested in reinstating your loan, it is important that you contact your mortgage servicer and/or the law firm bringing the suit against you as soon as possible to obtain a reinstatement amount and instructions for reinstating the loan.
- **Right of Redemption:** When you are sued by your lender, you have the right to redeem your loan within seven months of the date you are served with the summons or within three months of a judgment of foreclosure being entered against you, whichever is later. To redeem means to pay your lender the full principal balance of your mortgage, including accumulated interest, fees and costs. Should you wish to redeem your mortgage, contact your mortgage servicer and/or the law firm bringing the suit against you as soon as possible to obtain a redemption amount and instructions for redeeming the loan.
- **Deficiency Judgment:** In a mortgage foreclosure suit, if the lender obtains a judgment of foreclosure against you, they will conduct a public judicial sale of the property. If the property is sold for less than the amount owed on the mortgage, the lender may seek what is known as a deficiency judgment against you. This means that, along with taking possession of your home, the lender may seek to hold you personally liable for the difference between the sale price and the amount due on the mortgage.
- **Some Options that May Be Available to You:** If you wish to stay in your home or avoid a judgment against you, you should contact your mortgage servicer right away to see if you qualify for any loss mitigation programs--that is, programs to assist borrowers in ending the foreclosure case. Those programs include, for example, loan modification (an agreement with your lender that can permanently reduce the amount of your monthly payment); a "short" sale (a sale of the house approved by the lender to a third-party buyer for less than the amount of the outstanding mortgage, which allows you to avoid a foreclosure judgment); or a "consent" foreclosure (the lender agrees not to seek a deficiency judgment against you in exchange for possession of your home).

## Summary of Instructions for Filing an Answer to Mortgage Foreclosure

| Document                                    | General Information   | Number of Copies Required   |
|---|---|---|
| <b>Answer to Mortgage Foreclosure</b>       | <ul style="list-style-type: none"> <li>List all plaintiffs and defendants in the caption, the top left of the answer.</li> <li>State your to the complaint, using additional pages if you need them.</li> <li>Your signature, address, and telephone number must appear on the last page of your complaint.</li> <li>Exhibits may be attached to your answers.</li> </ul>   | You must provide an original and one copy for the assigned judge. |
| <b>Appearance Form for Pro Se Litigants</b> | <ul style="list-style-type: none"> <li><b>The appearance form, which must be filed, provides your name and address information. It is listed on the case docket. It also identifies where notices of orders and filings in your case are sent. If you have access to email, you should indicate on your appearance form that you wish to receive notices electronically rather than in paper form.</b></li> <li>If you do not have an attorney and will be proceeding without counsel, fill in the appearance form in accordance with the instructions found on the reverse side of the form, supplying your name and address.</li> </ul> | Only the original is required.                                    |
| <b>Motion for Attorney Representation</b>   | <ul style="list-style-type: none"> <li>This motion is a request that the Court appoint an attorney.</li> <li>Complete the motion form in accordance with the instructions attached to the form.</li> </ul>  | You must provide an original and one copy for the assigned judge. |
| <b>In Forma Pauperis Application</b>        | <ul style="list-style-type: none"> <li>This petition is used by a defendant who is requesting the Court to appoint counsel for them in their case.</li> <li>Complete all appropriate sections of the application, sign and date.</li> </ul>   | You must provide an original and one copy for the assigned judge. |

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

|                      |   |                          |
|----------------------|---|--------------------------|
|                      | ) |                          |
|                      | ) |                          |
| <b>Plaintiff(s),</b> | ) | <b>Case number:</b>      |
|                      | ) |                          |
| <b>v.</b>            | ) | <b>District Judge:</b>   |
|                      | ) |                          |
|                      | ) | <b>Magistrate Judge:</b> |
| <b>Defendant(s)</b>  | ) |                          |

**ANSWER TO COMPLAINT TO FORECLOSE MORTGAGE**

To: (Plaintiff's Attorney):

I, \_\_\_\_\_ on my own behalf and in support of my Answer state as follows:

1. I admit Paragraph(s) \_\_\_\_\_  
of the Complaint to Foreclose Mortgage.
2. I deny Paragraph(s) \_\_\_\_\_  
of the Complaint to Foreclose Mortgage.
3. I have insufficient information with which to admit or deny Paragraph(s) \_\_\_\_\_  
of the Complaint to Foreclose Mortgage and therefore  
neither admit nor deny those paragraphs but demand strict proof therein.
4. According to my records, I owe \$ \_\_\_\_\_ on the loan which is secured by home.
5. I am behind on payments because: \_\_\_\_\_

6. I (check one)

wish to exercise my right of reinstatement by catching up on my missed payments within 90 days from the date I was served, or

wish to exercise my right of redemption by paying the total amount due within 210 days of the date which I was served or 90 days after a judgment is entered by this court, or

will consent to the foreclosure and will waive my rights of reinstatement and redemption. I understand that in return, Plaintiff is willing to waive any and all rights it may have to a deficiency judgment against me and against all other persons liable for the indebtedness or other obligations secured by the mortgage.

\_\_\_\_\_, pro se  
Signature

\_\_\_\_\_  
Printed Name

Date

**VERIFICATION**

I, \_\_\_\_\_, certify under penalty of perjury, that I have read the foregoing Verified Answer to Complaint and the statements set forth are true and correct.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name:

Address:

City/State/Zip:

Telephone:

Atty No.:

## U.S. District Court for the Northern District Of Illinois

### Appearance Form for Pro Se Litigants

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Information entered on this form is required for any person filing a case in this court as a pro se party (that is, without an attorney). **Please PRINT legibly.**

Case Title: \_\_\_\_\_ Case Number: \_\_\_\_\_

An appearance is hereby filed by the undersigned as a pro se litigant:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Executed on (date)

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### REQUEST TO RECEIVE NOTICE THROUGH E-MAIL

If you check the box below and provide an e-mail address in the space provided, you will receive notice via e-mail. By checking the box and providing an e-mail address, under Federal Rule of Civil Procedure 5(b)(2)(E) you are waiving your right to receive a paper copy of documents filed electronically in this case. You should not provide an e-mail address if you do not check it frequently.

- ☐ I request to be sent notices from the court via e-mail. I understand that by making this request, I am waiving the right to receive a paper copy of any electronically filed document in this case. I understand that if my e-mail address changes I must promptly notify the Court in writing.

\_\_\_\_\_  
**E-Mail Address (Please PRINT legibly.)**

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

|              |   |              |
|--------------|---|--------------|
| Plaintiff(s) | ) |              |
|              | ) |              |
|              | ) | Case Number: |
| v.           | ) |              |
|              | ) |              |
|              | ) | Judge:       |
| Defendant(s) | ) |              |
|              | ) |              |

**MOTION FOR ATTORNEY REPRESENTATION**

**(NOTE: Failure to complete all items may result in the denial of this motion. )**

1. I, \_\_\_\_\_, declare that I am the (check appropriate box)  
☐ plaintiff ☐ defendant in this case and that I am unable to afford the services of an attorney. I hereby ask the Court for an attorney to represent me in this case.
2. I declare that I have contacted the following attorneys/organizations seeking representation:  
**(NOTE: This item must be completed.)**

but I have been unable to find an attorney because:

3. I declare that (check all that apply):  
(Now:)  
☐ I *am not* currently represented by an attorney requested by the Court in any federal criminal or civil case.  
**OR**  
☐ I *am* currently represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.  
  
(Earlier:)  
☐ I *have not* previously been represented by an attorney requested by the Court in any federal criminal or civil case.  
**OR**  
☐ I *have* previously been represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.
4. I declare that (check one):  
☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* detailing my financial status.



- ☐ I have previously filed an Application for Leave to Proceed In Forma Pauperis in this case, and it is still true and correct.
- ☐ I have previously filed an Application for Leave to Proceed In Forma Pauperis in this case. However, my financial status has changed and I have attached an Amended Application to Proceed In Forma Pauperis to reflect my current financial status.
5. ☐ I declare that my highest level of education is (check one):
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Grammar school | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Some college   | <input type="checkbox"/> College graduate | <input type="checkbox"/> Post-graduate        |
6. ☐ I declare that my ability to speak, write, and/or read English is limited because English is not my primary language. (Check only if applicable.)
7. ☐ I declare that this form and/or other documents in this case were prepared with the help of an attorney from the U.S. District Court Pro Se Assistance Program. (Check only if applicable.)
8. ☐ I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Movant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

Other cases in which an attorney requested by this Court has represented me:

|  |                 |
|--|-----------------|
| Case Name: _____   | Case No.: _____ |
| Attorney's Name: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Case Name: _____   | Case No.: _____ |
| Attorney's Name: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Case Name: _____   | Case No.: _____ |
| Attorney's Name: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS**

**IN FORMA PAUPERIS APPLICATION  
AND FINANCIAL AFFIDAVIT**

\_\_\_\_\_  
Plaintiff

Case Number: \_\_\_\_\_

v.

Judge: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s).

**Instructions:** Please answer every question. Do not leave any blanks. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place a ✓ in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers.

Application: I, \_\_\_\_\_, declare that I am the ☐ plaintiff  
☐ petitioner ☐ movant ☐ (other \_\_\_\_\_) in the  
above-entitled case. This affidavit constitutes my application to proceed ☐ without full  
prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I  
declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to  
the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer  
the following questions under penalty of perjury.

1. Are you currently incarcerated? ☐ Yes ☐ No  
(If “No” go to question 2.)

ID #: \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
Do you receive any payment from the institution? ☐ Yes ☐ No  
Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☐ No

A. If the answer is “yes,” state your:  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

B. If the answer is “no,” state your:  
Beginning and ending dates of last employment: \_\_\_\_\_  
Last monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Are you married? ☐ Yes ☐ No  
If the answer is “yes”, is your spouse currently employed? ☐ Yes ☐ No

*Spouse's Monthly* salary or wages: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

4. In addition to your income stated above in response to Question 2 (which you should not repeat here), have you or anyone else living at the same residence received more than \$200 in the past twelve months from any of the following sources? Place a ✓ next to "Yes" or "No" in each of the categories A through G, check all boxes that apply in each category, and fill in the twelve-month total in each category.

A. ☐ Salary or ☐ wages ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

B. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

C. ☐ Rental income, ☐ interest or ☐ dividends ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

D. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ alimony or maintenance or ☐ child support ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

E. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

F. ☐ Unemployment, ☐ welfare, or ☐ any other public assistance ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

G. ☐ Any other sources (describe source: \_\_\_\_\_) ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

5. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☐ No

Total amount: \_\_\_\_\_

In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☐ No  
Property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
7. Do you or anyone else living at the same residence own any real estate (with or without a mortgage)? Real estate includes, among other things, a house, apartment, condominium, cooperative, two-flat, etc. ☐ Yes ☐ No  
Type of property and address: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
8. Do you or anyone else living at the same residence own any automobiles with a current market value of more than \$1000? ☐ Yes ☐ No  
Year, make and model: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the automobile is worth and the amount you owe on it.)  
Amount of monthly loan payments: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
9. Do you or anyone else living at the same residence own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☐ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
Amount of monthly loan payments: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
10. List the persons who live with you who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. If none, check here: ☐ None.  
\_\_\_\_\_  
\_\_\_\_\_
11. List the persons who do not live with you who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. If none, check here: ☐ None.  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name)

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**NOTICE TO PRISONERS:** In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

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**CERTIFICATE**  
**(Incarcerated applicants only)**  
**(To be completed by the institution of incarceration)**

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_. (Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
(Print Name)