

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, CHANCERY DIVISION

_____	Plaintiff	Case No: _____
v.		
_____	Defendant	

**CHANCERY DIVISION CIVIL COVER SHEET  
MORTGAGE FORECLOSURE/MECHANICS LIEN SECTION**

A Chancery Division Civil Cover Sheet - Mortgage Foreclosure/Mechanics Lien Section shall be filed with the initial complaint in all mortgage foreclosure and mechanics lien actions filed in the Chancery Division. The information contained herein is for administrative purposes only. Please check the box in front of the appropriate category which best characterizes your action being filed. CHECK ONE CATEGORY ONLY.

0008      Mechanics Lien

Mortgage Foreclosure

- 0031      Owner occupied single-family home or condominium\*
- 0032      Non-owner occupied single-family home or condominium
- 0033      Owner occupied (six (6) units or less)\*
- 0034      Multi-unit residential (seven (7) units or more)
- 0035      Commercial, Mixed commercial/residential or Industrial
- 0036      Vacant Land -Affidavit of vacancy required at the time of filing
- 0037      Owner occupied, mixed commercial/residential (six (6) units or less)\*
- 0038      Vacant Residential (six (6) units or less)\* - Affidavit of abandonment required at time of filing
- 0039      Vacant Residential single-family home or condominium\* - Affidavit of abandonment required at time of filing
- 0040      Strict Foreclosure

\* Pursuant to 735 ILCS 5/15-1504.1, effective October 1, 2010, an extra \$50.00 will be charged for case in this category.

**Chancery Division Civil Cover Sheet**  
**Mortgage Foreclosure/Mechanics Lien**

(12/01/24) CCCH 0624 B

Property Address (Required):

\_\_\_\_\_

Street Address	Unit No.	City	State	Zip
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Property Identification Number (PIN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pro Se Only: I have read and agree to the terms of the Clerk's Office Electronic Notice Policy and choose to opt in to electronic notice from the Clerk's office for this case at this email address:

Email: \_\_\_\_\_

By: \_\_\_\_\_

Atty. No.: \_\_\_\_\_ Pro Se 99500

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

Atty. for: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Email: \_\_\_\_\_