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	**ADDITIONAL DEFENDANTS** (SMALL CLAIMS COMPLAINT)	*For Court Use Only*

Instructions ▼	
Directly above, enter the name of the county where you are filing the case.	_____ **Plaintiff** *(First, middle, last name)*
Enter your name as Plaintiff.	v.
Enter the names of all people or businesses you are suing as Defendants.	**Defendants** *(First, middle, last name or business name)*: _____ _____
The Circuit Clerk will add a Case Number.	_____ **Case Number**

Fill out this form only if you have more than 2 Defendants. If you fill it out, attach this form to your *Small Claims Complaint.*

Defendant #3's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #4's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #5's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #6's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #7's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #8's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

Defendant #9's name and address is: _____
Name
_____
Street, Unit # *City* *State* *ZIP*

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