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

Instructions ▼	■ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER
Check the box to the right if your case involves custody, visitation, or removal of a child.	RULE 311(a).  Appellate Case No.: 1-18-0572
Enter the Appellate Court case number.	IN THE APPELLATE COURT OF E-FILED Transaction ID: 1-18-0572
Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.	First  File Date: 3/28/2018 5:51 PM Thomas D. Palella Clerk of the Appellate Court APPELLATE COURT 1ST DISTRIC
If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").  To the far right, enter the	Appeal from the Circuit Court of Cook County  Trial Court Case No.: 07CR29738  Plaintiff/Petitioner (First, middle, last names)  Appellant ✓ Appellee  Honorable James P. Flannery, Jr.  V.  GORDON WAYNE WATTS  Definition of Cook  Trial Court Case No.: 07CR29738  Under No.: 07CR29738  Under No.: 07CR29738  Under No.: 07CR29738  Under No.: 07CR29738
trial court county, trial court case number, and trial judge's name.	Defendant/Respondent (First, middle, last_names)  ☑ Appellant ☐ Appellee

# APPLICATION FOR WAIVER OF COURT FEES (APPELLATE COURT)

In 1a, enter your full	<ol> <li>I am providing the following information about myself:</li> </ol>				
name. If you are	a. Name: Gordon	Wayne	Watts		
completing this form on behalf of a minor	First	Middle	Last		
or an incompetent	b. Year of Birth: 19	66			
adult, provide that person's information.	c. Street Address:	821 Alicia Road			
In 1b, only enter the year you were born.	City, State, ZIP:	Lakeland, Florida 33801-21	13		
DO NOT enter your entire date of birth.	d. I cannot afford to	pay the court fees in this case	).	(863) 688-9880 ( <b>H</b> )	
In 1c, enter your complete current address.	-	gww1210@aol.com Gww1210@Gmail.com	Telephone number:	(863) 409-2109 (C)	
In 2, if you are currently incarcerated.	2. I am currently incard	erated. 🔲 Yes 📝 No	If yes, inmate I.D.#		
attach a copy of your inmate trust fund ledger	If yes, I am attaching a copy of my inmate trust fund ledger for the last six (6) months.				
for the last 6 months or your Application will be rejected.	**If you answered "Y	es" in section 2, skip section	on 3, 4, and 5 and sig	n below.**	

The 1<sup>st</sup> vehicle is paid off:

1<sup>st</sup> vehicle worth: \$

owe on any mortgage.

# 1-18-0572

	Ε	Enter the Case Number given by	the Appellate Court Clerk: 1-18-05	72
		ehicle worth: \$	The 2 <sup>rd</sup> vehicle is paid	Yes No
	Othe	r (list items and value):		\$
	None	of the above		
nder the Code of yel Procedure, 735 CS 5/1-109, making statement on this rm that you know to false is perjury, a lass 3 Felony.	and correct. I une	17 (Part of Partie 18 of 18 and 18 a	) 821 Alic	
e person who filled t this form must in it. If you are impleting this form a computer, sign ur name by typing If you are impleting it by hand, in by hand and print ur name	Print Your Name  Print Your Name  NA  Relationship to Min  Adult (if applicable)		Street Address  Lake Land, Fractive, State, ZIP  H; (863) 6  Telephone (863) 40	2 33801-2113 88-9880 19-2109
you are filling out a form for a minor an incompetent ult, state your ationship				
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	PROOF OF SERVI		-0 -0 - 10-2	
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1b, check the box to ow how you sent the cument, and fill in y other information quired on the blank les.	Address Email ad	Street, Apt#		Last List
AUTION: If the see party does not see a lawyer, you may ad the document by sail only if the other sty has listed their sail address on a sert document	b. By	Personal hand delivery Regular, First-Class Ma 6000 South Address of Post Office or N	il, put into the U.S. Mail with po	ND FL Postorie
		Name (for example FedE)	( or UPS) and office address	+1

lines.

	Enter the Case Number given by the Appellate Court Clerk: 1-18-0572
	<ul> <li>The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)</li> </ul>
	Email (not through an EFM or EFSP)
	Mail from a prison or jail at:
	Name of prison or jail
In c. fill in the date and time that you sent the document.	c on Wednesday, 28 - March 2018  Lica At 11:59   a.m.   pm (ES.7.)
	At (1:59 a.m. pm (ES.7.)
In 2, if you sent the document to more than 1 party or lawyer, fill in	I sent this document:
a, b, and c. Otherwise leave 2 blank.	a To. All parties who are etile Name registered in this case -
	riist D Middle Last
	Address: Street, Apt # City State ZIP
	Email address: See Attache Service List
	By: Personal hand delivery     Regular, First-Class Mail, put into the U.S. Mail with postage paid at:
	Address of Post Office or Mailbox
	Third-party commercial carrier, with delivery paid for at:
	Name (for example, FedEx or UPS) and office address
	The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP) Od yssey efiletL (Tyls+Host)  Email (not through an EFM or EFSP)  Mail from a prison or jail at:
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	c. On: Wednesday, 28 - March 2018
	c. On: Wednesday, 28 - March 2018  Cw rdAt 11:59 - am 2 pm (E.S.7.)
In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c.	3 I sent this document
Otherwise leave 3 blank	Name. First North Middle ATTACHED Strong List
	Address: Street, Apt # City State ZIP
	Email address: > (See Service List)
AWA-A 1303.2	Page 4 of 5 (10/17)

	Enter the Case Number given by the Appellate Court Clerk: 1-18-0572
b. By	Personal hand delivery Regular, First-Class Mail, put into the U.S. Mail with postage paid at:
	Address of Post Office or Mailbox
	Third-party commercial carrier, with delivery paid for at:
	Name (for example, FedEx or UPS) and office address
	The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
	Email (not through an EFM or EFSP)  Mail from a prison or jail at:
	Name of prison or jail
c. Or	n: Wednesday - 28 March 2018
lawvers, fill out and	11.59 a.m. (E.S.T.)
Additional Proof of Service forms after this page.	- I am posting online at www. Gordon Walts. con w. Gordon Wayne Walts. com Said docs - See the Frand" Story - data Fri. 14 April 2017 nat everything in the Proof of Service is true and correct. Tunderstand that making
nworpski	Frond" Story - doted Fri. 14 April 2017
ILCS 5/1-109, a talse sta	atement on this form is perjury and has penalties provided by law
on this form that you know to be false is	5 ILCS 5/1.109.
perjury, a Class 3	
Felony.	Standayne half
If you are completing this form on a computer, sign your name by typing it. If you are completing it.	Slambayne Walts Wednesday, 28 March 2018 don Wayne Watts

AWA-A 1303.2

Page 5 of 6

(10/17)

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#### ACCESS CENTRAL MAIL CENTER P.O. BOX 1770 OCALA FL 34478

### Notice of Case Action State of Florida Department of Children and Families



December 7, 2017 Case: 1165166518 Phone: (407) 552-0396

GORDON W WATTS 821 ALICIA RD LAKELAND FL 33801

Dear Gordon W Watts

The following is information about your eligibility.

#### Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 1.

Name Jan, 2018

Thru

July 31, 2018

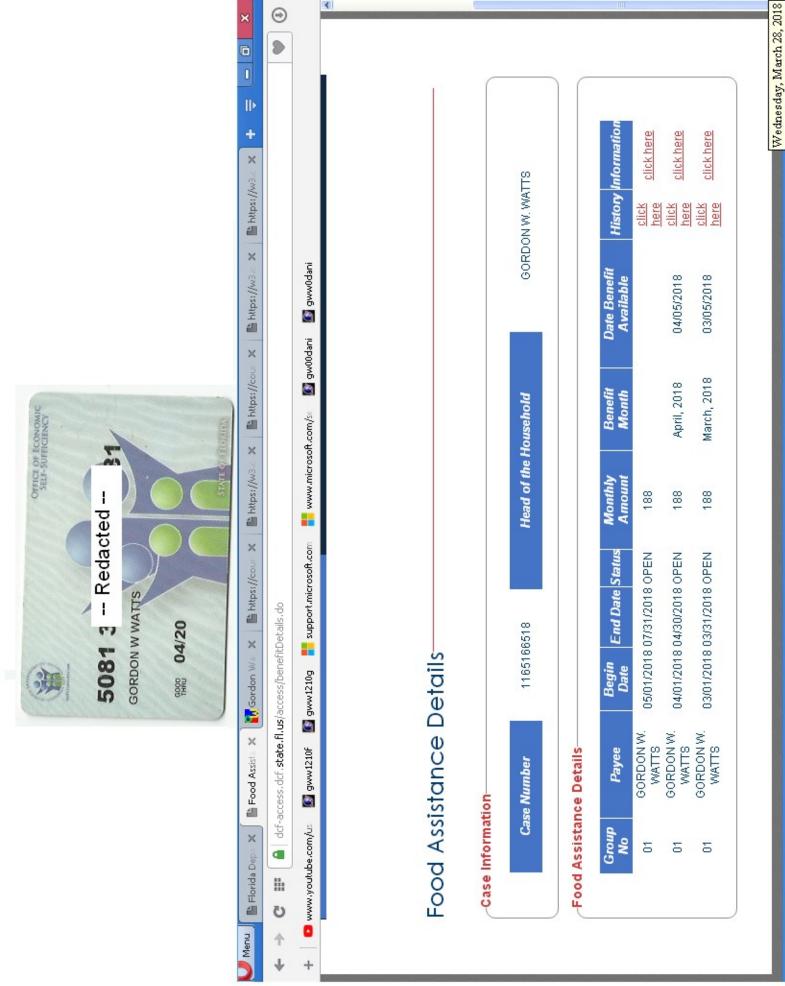
Gordon Watts Eligible
Benefit Amount \$188.00

Did you know you now have an on-line account with us? Go to <a href="https://www.myflorida.com/accessflorida">www.myflorida.com/accessflorida</a>. You will need your case number, 1165166518, to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$1,307.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website <a href="https://www.myflorida.com/accessflorida">www.myflorida.com/accessflorida</a>. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.

AE01 FORM: CF-ES 103 03 2009



4



#### **SERVICE LIST**

- \* 1st District Appellate Court, Clerk's Office, 160 North LaSalle St., Chicago, IL 60601 (312) 793-5484, Office Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays [served by eFiling only, since this The Court no longer accepts paper filings]
- \* CIVIL APPEALS DIVISION: Richard J. Daley Center, 50 West Washington St., Room 801 Chicago, IL 60602 (312) 603-5406, Hours: 8:30a.m.-4:30p.m., Mon-Fri, Excl. Holidays Attention: Deputy Chief, Patricia O'Brian, PAOBrien@CookCountyCourt.com [served by all means, as Rule 326 requires for Motions for Extension of Time]
- \*Hon. Timothy C. Evans, Chief Judge (Ph 312-603-6000, 4299, 4259 TTY: 6673) Circuit Court of Cook County, 50 W. Washington St., Room 2600, Richard J. Daley Center Chicago, IL 60602 Courtesy copy via: Timothy.Evans@CookCountyIL.gov [served by email / electronic service only, as a courtesy, since this is an appeal]
- \* Hon. James P. Flannery, Jr., Circuit Judge—Presiding Judge, Law Division 50 W. Washington St., Room 2005, Chicago, IL 60602, Ph:312-603-6343, Courtesy copy via:

  James.Flannery@CookCountyIL.gov [served by email / electronic service only, as a courtesy, since this is an appeal]
- \* Law Division and Hon. Diane M. Shelley, Circuit Judge, [served by email / electronic service only, as a courtesy, since this is an appeal] Law@CookCountyCourt.com; ccc.LawCalendarW@CookcountyIL.gov; Diane.Shelley@CookCountyIL.gov
- \* Richard B. Daniggelis [true owner of 1720] 312-774-4742, c/o John Daniggelis 773-327-7198 2150 North Lincoln Park West, Apartment #603, Chicago, IL 60614-4652
- \* Richard B. Daniggelis (who receives mail, via USPS mail-forwarding at his old address) 1720 North Sedgwick St., Chicago, IL 60614-5722
- \* Andjelko Galic (Atty#:33013) Cell:312-217-5433, Fax:312-986-1810, Phone:312-986-1510 845 Sherwood Road, LaGrange Park, IL 60526-1547 (Please take note of Mr. Galic's new address) Email: AndjelkoGalic@Hotmail.com; AGForeclosureDefense@Gmail.com
- \* Robert J. More (<u>Anselm45@Gmail.com</u>) [Note: More's name is <u>misspelled</u> on docket as: "MOORE ROBERT"] P.O. Box 6926, Chicago, IL, 60680-6926, PH: (708) 317-8812
- \* Associated Bank, N.A., 200 North Adam Street, Green Bay, WI 54301-5142

## **SERVICE LIST (continued from above)**

MERS (Mortgage Electronic Registration Systems, Inc.) <a href="https://www.MersInc.org/about-us/about-

- \* COHON RAIZES®AL LLP (90192) (Atty for STEWART TITLE ILLINOIS)
  Attn: Carrie A. Dolan, 208 S LASALLE#1860, CHICAGO IL, 60604 [ph:(312) 726-2252]
- \* Stewart Title, Attn: Leigh Curry
  <a href="http://www.Stewart.com/en/stc/chicago/contact-us/contact-us.html">http://www.Stewart.com/en/stc/chicago/contact-us/contact-us.html</a>
  2055 W. Army Trail Rd., STE 110, Addison, IL 60101 [ph:(630) 889-4050]
- \* Richard Indyke, Esq. Atty. No. 20584, (312-332-2828 Atty for LaSalle Bank Natl. Assn.), Email: RIndyke@SBCGlobal.net; 221 N. LaSalle St. STE 1200, Chicago, IL 60601-1305
- \* Peter King (Atty. for Joseph Younes) (Atty. No.: 48761) (312) 780-7302 / (312) 724-8218 / Direct: (312) 724-8221 http://www.KingHolloway.com/contact.htm; Attn: Peter M. King, Esq. PKing@khl-law.com or: PKing@KingHolloway.com; One North LaSalle Street, Suite 3040, Chicago, IL 60602
- \* Joe Younes: 2625 West Farewell Avenue, Chicago, IL 60645-4522 JoeYounes@SbcGlobal.net
- \* **Joseph Younes** (Atty#:55351) Law Offices / <a href="http://ChicagoAccidentAttorney.net">http://ChicagoAccidentAttorney.net</a> 312-635-5716, per website 166 West WASHINGTON ST, Ste. 600, Chicago, IL 60602-3596 Phone: 312-372-1122; 312-802-1122; Fax: 312-372-1408. Email: <a href="mailto:RoJoe69@yahoo.com">RoJoe69@yahoo.com</a>
- \* Paul L. Shelton, *Pro Se,* (Atty. #15323, disbarred per IARDC) E-mail: <u>PMSA136@Gmail.com</u>; <u>PLShelton@SBCGlobal.net</u> 3 Grant Square, SUITE #363, Hinsdale, IL 60521-3351
- \* Erika R. Rhone [ph:(773) 788-3711], 22711 Southbrook Dr., Sauk Village, IL 60411-4291

Source: Page 21 of 27-Docketing Statement: Gordon Wayne Watts, Docket No.: 1-18-0572

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

This form is app	proved by the minors 3	upreme court and	is required to be accepted	in all lillnois Appellate Courts.	
Instructions ▼	THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER				
Check the box to the right if your case	RULE 311(a).				
involves custody,					
visitation, or removal of a child.	Aı	pellate Case No.:	1-18-0572		
Enter the Appellate Court case number.		IN THE AR	PELLATE COURT O	E	
Just below "In the		IN THE AF	ILLINOIS		
Appellate Court of	First District				
Illinois," enter the number of the appellate				Strict	
district where the appeal was filed.			•	Appeal from the Circuit Court	
If the case name in the	In re			of Cook County	
trial court began with "In re" (for example,					
"In re Marriage of Jones"), enter that				Trial Court Case No.:	
name. Below that, enter	GMAC MORTGA			07CR29738	
the names of the parties in the trial court, and	Plaintiff/Petitione	r (First, middle, last	names)		
check the correct boxes to show which party	Appellant	✓ Appellee		Honorable	
filed the appeal				James P. Flannery, Jr.	
("appellant") and which party is responding to	V.			Judge, Presiding	
the appeal ("appellee").					
To the far right, enter the trial court county, trial	GORDON WAYNE WATTS  Defendant/Respondent (First, middle, last_names)				
court case number, and	✓ Appellant	Appellee	adi namony		
trial judge's name.	- Appendin				
ORDER FOR WAIVER OF COURT FEES (APPELLATE COURT)					
Enter your full name	Applicant Name:	Gordon	Wayne	Watts	
as "Applicant."		First	Middle	Last	
	The Court having	reviewed the Ap	plication for Waiver of C	Court Fees hereby finds:	
DO NOT check any more boxes or fill in	☐ The applicant q	ualifies for a fee	waiver.		
any more blanks on	☐ The applicant d	oes not qualify fo	or a fee waiver because (r	nust state specific reason):	
this form. The Appellate Court					
will decide if your Application for	IT IS HEREBY OR	DERED:			
Waiver of Court Fees			es is GRANTED. The app	licant may participate in this	
is granted or denied and complete the rest		payment of fees, co		71 ,	
of this form.					
	Applicant n	nust pay all applic	able fees, costs, or charge		
	□ Applicant n	nust nav all applic	able fees costs or charge	Date s as follows (describe payment plan):	
	Арріісаніті	nuor pay an applic	ubic ices, costs of charge	з аз топома <sub>(</sub> исосное рауннені ріан).	
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	Justice	Dann	Date		
AWA-O 1304.3		Page	1011	(12/17)	

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