

Case

Case Number

2024MR000377

Description

OLTMANN JOHN vs FOSTER ROBERT

Location

Madison County

Category

Miscellaneous Remedy

Case Type

Review of Administrative Proceedings

Status

Open

Filed Date

12/20/2024 12:00 AM CST

Lower Court/Agency #

Judge

Envelope # 30718073

Submit Date

12/23/2024 4:00 PM CST

Filing Attorney

Filing Source

OFS EFSP Kiosk

Filer Address

Legacy Drive
Dallas, Texas 75024

Filer Email

anonymousc6caca3a5b924980b0c1331ebf8a89fe@kiosk.com

Docket Date

12/23/2024 4:00 PM CST

Filed By

Anonymous Filer

Firm Name

Anonymous Kiosk Firm 8eff4c5b-8e6f-40b4-b6eb-754300e1ff21

Firm Phone

212-555-5555

Existing Parties

2 Parties

Party Type

Party Name

Lead Attorney

Plaintiff/Petitioner

JOHN OLTMANN

JOHN OLTMANN

Defendant/Respondent

ROBERT FOSTER

Filings

2 Filing(s)

Motion

Status

Accepted By Court

Filing Type

EFile

Reference Number

Filing Description

MOTION TO ALL DISCOVERY MATERIAL INCLUDING TRANSCRIPTS OF HEARINGS

Filing Comments

Filing Courtesy Copies

Review Date
12/23/2024 4:02 PM CST
Accept Comments

Documents

| Component | Document Name | Description | Security | Download Version | Document Size |
|---------------|---------------|--------------|------------------|-------------------------|------------------------|
| Lead Document | 1831_001.pdf | 1831_001.pdf | Non-Confidential | Original Transmitted | 259.16 KB 269.59 KB |

Proposed Order

Status
Accepted By Court
Filing Type
EFile
Reference Number

Filing Description
PROPOSED ORDER ON MOTION TO ALL DISCOVERY MATERIAL INCLUDING TRANSCRIPTS OF HEARINGS
Filing Comments

Filing Courtesy Copies

Review Date
12/23/2024 4:02 PM CST
Accept Comments

Documents

| Component | Document Name | Description | Security | Download Version | Document Size |
|---------------|---------------|--------------|------------------|-------------------------|----------------------|
| Lead Document | 1832_001.pdf | 1832_001.pdf | Non-Confidential | Original Transmitted | 59.02 KB 60.92 KB |

Fees

Description of Fees and Amounts

Motion

Filing Fee \$0.00
Filing Total: \$0.00

Proposed Order

Filing Fee \$0.00
Filing Total: \$0.00

Total Fees

Total Filing Fees \$0.00
Envelope Total: \$0.00

Payment Information

Payment Account

WAIVER

Payment Type

Waiver

Party Responsible for Fees

JOHN OLMANN

CLOSE



MOTION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: Madison
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE: John Oltmann
Who started the case. First, Middle, and Last Name, or Business Name

DEFENDANTS/RESPONDENTS: Robert Foster
Who the case was filed against.
8481 Brakhane Rd
Worden, Illinois 62097
First, Middle, and Last Name, or Business Name

2024-MR-000377
Case Number

1. MOTION TITLE

Explain in a few words what you are asking the judge to do. This should match the title you write in 1 on the Notice of Court Date for Motion.

Motion to: All disocvery material including transcripts of hearings.

2. PERSON FILING THE MOTION

Check one box. The Plaintiff/Petitioner is the person who started the case. The Defendants/Respondents are the people and business who the case was filed against.

I am filing the Motion. I am the:

Plaintiff/Petitioner Defendant/Respondent

3. MOTION

Explain what you are asking the judge to do and the reasons why the judge should agree with you.

I am asking the judge to:

I am requesting all discovery material to include all transcripts of testimony involving the election board challenge handled by Village Attorney James Schrempf, acting as judge of the Village of Worden Election Board, being the deciding official in refering this matter to Madison County Circuit Court for a decesion on the validity of accuracy and turthfulness of the required economic statement required to be completed by elected officials in the state of Illinois. The requested documents should include all election board rulings or decsions both written and verbally provided on the record, to include transcripts of all testimony of witnesses, and or candiates being challenged identified as Chelsea Paul, Susan Myers, Robert Foster, Chris Stein and Preston Hall. All documentation is requested to argue a pattern of conduct involving the decisions.

I need more room to explain, and I have filled out and attached an *Additional Page for Motion form.*



SIGN

Under 735 ILCS 5/1-109, your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ John Oltmann Print Your Name John Oltmann

Your Address 402 McKinley PO Box 1, Worden, Illinois 62097
Street, Apt. # City State Zip Code

Your Phone Number (618) 979-2948 Attorney Number (if any) None

Your Email (if you have one) None

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

4. PROOF OF DELIVERY

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, you must send this document to their lawyer.

a. I am sending this document to:

Name: Village of Worden Attorney James Schrempf
First Middle Last Name

Address: 307 Henry Street, Alton, Illinois 62002 618-465-2311
Street, Apt. # City State Zip Code

Email Address: _____

By: Electronically to the email address in 4a:

- By email (not through an EFSP).
- Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending the document by:

- Mail or third-party carrier to the address in 4a, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address 307 Henry Street, Alton, Illinois 62002
Street, Apt. #, City, State, and Zip Code

Mail to the address in 4a, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: 12 23 2024 Time: 5 PM
Month, Day, Year Include AM or PM

b. I am not sending these documents to additional people.

- OR -

I am sending these documents to an additional person not listed in 4a:

Name: _____
First Middle Last Name

Address: _____
Street, Apt. # City State Zip Code

Email Address: _____

By: Electronically to the email address in 4b:

- By email (not through an EFSP).
- Using an approved electronic filing service provider (EFSP).

I or the person I am sending the document to do not have an email address. I am sending the document by:

Mail or third-party carrier to the address in 4b, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

Mail to the address in 4b, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.



SIGN

Under 735 ILCS 5/1-109, your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

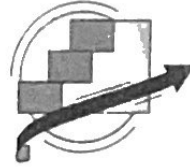
Your Signature */s/ John Oltmann* Print Your Name John Oltmann

Your Address 402 Mckinley PO Box 1, Worden, Illinois 62097
Street, Apt. # City State Zip Code

Your Phone Number (618) 979-2948 Attorney Number (if any) None

Your Email (if you have one) None

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.



WHAT'S NEXT

NEXT STEP FOR PERSON FILLING OUT THIS FORM:

If you do not already have a court date for your *Motion*, you will need to get one and file a *Notice of Court Date for Motion*. When you file your *Motion*, ask the Circuit Clerk if you have to schedule a court date or if one will be scheduled automatically. In some counties, you may get the court date when you e-file. Include the court date on your *Notice*.

After you fill out your forms, file them with the Circuit Clerk's office in the county where your case is taking place. Then, send your forms to the other people in the case. Find your Circuit Clerk: ilcourts.info/CircuitClerks.



Learn more about each step in the process and how to file in our Instructions:
ilcourts.info/motion-instructions.

NEXT STEP FOR PERSON RECEIVING THIS DOCUMENT:

For more information about going to court including how to fill out and file forms, call or text Illinois Court Help at 833-411-1121 or go to ilcourthelp.gov.

If there are any words or terms that you do not understand, please visit **Illinois Legal Aid Online** at ilao.info/glossary. You may also find more information, resources, and the location of your local legal self-help center at: ilao.info/lshc-directory.



ORDER ON MOTION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: Madison
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE: John Oltmann
Who started the case. First, Middle, and Last Name, or Business Name

DEFENDANTS/RESPONDENTS: Robert Foster
Who the case was filed against.
8481 Brakhane Rd
Worden, Illinois 62097
First, Middle, and Last Name, or Business Name

2024-MR-000377
Case Number

1. Fill in the title of your Motion below. This should match the title you wrote in 1 on the Motion form.

Motion to: All disocvery material including transcripts of hearings.

2. The Motion was filed by:

Plaintiff/Petitioner Defendant/Respondent

3. Date Motion filed: _____
Month, Day, Year

4. People in court for the Motion hearing:

Plaintiff/Petitioner Defendant Attorney Other: _____
 Plaintiff Attorney Defendants/Respondents

STOP Do NOT check any boxes or fill in any more blanks on this form unless the judge tells you to.

The Court orders:

- The Motion is granted.
- The Motion is denied.
- The Motion is granted in part and denied in part as follows:

Additional orders:

ENTERED:

Judge

Date (Month, Day, Year)