

CIRCUIT COURT OF ILLINOIS**JUDICIAL CIRCUIT****COUNTY**

(file stamp)

Petitioner's Name (person completing form)

Independent

Criminal

Juvenile

Name(s) of other protected parties*Check if filing on behalf of:*

a minor child, or an adult who because of age, disability, health, or inaccessibility cannot file the petition (*list name(s) below*)

vs.

Case #

(to be completed by Court)

Respondent **D.O.B.**

If the Respondent is under age 18 and if remedy #4 is ordered the name(s) of minor(s) parents or legal guardian(s)

Address for Service *Notice to school board(s) if remedy #4 is requested***SUMMONS – CIVIL NO CONTACT ORDER**

(740 ILCS 22/101)

You are summoned and required to file an answer in this case, or otherwise file your appearance in the Office of the Clerk of this Court, Room _____, located at _____ County Courthouse, _____, Illinois, within 7 days after the

(street address) (city)

service of this summons, not counting the day of service.

IF YOU FAIL TO DO SO, A CIVIL NO CONTACT ORDER MAY BE ENTERED AGAINST YOU BY DEFAULT FOR THE RELIEF ASKED IN THE PETITION.Hearing Date: _____ Time: _____ a.m. p.m. Courtroom _____

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/faq/gethelp.asp>, or talk with your local circuit clerk's office.

To the Officer:

The Officer, or other person to whom it was given for service, with endorsement of service immediately following service, must return this summons. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be served later than 30 days after its date.

Petitioner's Attorney or

Petitioner if not represented by an attorney

Name _____

Telephone Number _____

Address _____

City/State/Zip _____

Dated _____

Clerk of the Circuit Court _____

Deputy Clerk _____

SERVICE

() I certify that I served this summons on Respondent as follows:
(Check appropriate box, and complete information below.)

() **Individual Respondent – Personal**
By leaving a copy and a copy of the complaint with named Respondent
_____ personally on _____.

() **Individual Respondent-Abode**
By leaving a copy and a copy of the complaint at the usual place of abode of
named Respondent with a person of his family, of the age of 13 years or upwards,
informing that person of the contents and also sending a copy of the summons in a
sealed envelope with postage fully prepaid, addressed to named Respondent at his
usual place of abode.

Name of Respondent _____

Date of Service _____ Time _____

Name of Person Summons given to _____

Gender _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

() Respondent not found in this County.

() Service by mailing notice, postage, fully pre-paid on _____, at _____
am/pm,
Place of mailing _____ and addressed to _____, _____
date
Respondent's name _____, _____, _____
Street
_____, _____.
City, State _____ Zip _____

(Supreme Court Rule 11 (c)(2)(iii) and 12(b)(5). Service is complete four days after mailing)

() I certify that Respondent was served while incarcerated at _____.

Sheriff _____

By Deputy _____

Date _____