

**LETTER TO THE SHERIFF
(SERVING A SUMMONS AND FORMS)**

Instructions to User

1. Complete this letter.
2. With this letter, include (1) the *Summons* and (2) a copy of the *documents that have been filed upon the court*, (3) payment or *Order for Waiver of Court Fees*, and (4) a self-addressed and stamped envelope for the sheriff to mail the Affidavit of Service to you.
3. Send your letter and the documents listed above to the sheriff's office in the county and state where your spouse lives.

Date: _____

Sheriff of _____ County State of _____

Address of sheriff _____

Dear Sheriff:

Re: _____ v. _____ Case Number: - -
Plaintiff/Petitioner *Defendant/Respondent*

I am enclosing the *Summons* and *copied of my court filings*

to be served on: _____
Full Name

_____ *Street, Apt #* *City* *State* *Zip*

Check the box that applies:

- I am enclosing an *Order for Waiver of Court Fees* entered by the Court in _____ County, Illinois, which waives the cost of service; **OR**
- I am enclosing the cost of service \$ _____.

After you have served the enclosed documents, please complete the Affidavit of Service and return it to me in the enclosed self-addressed stamped envelope.

Thank you for your attention to this matter.

Sincerely,

Signature

Printed Name

Street Address, Apt #

_____ *City* *State* *Zip*

Phone

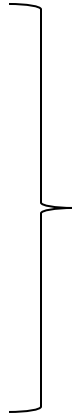
STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE _____ CIRCUIT
_____ COUNTY

(Name all parties)

vs.

Petitioner,

Respondent.



Case No. _____ - _____ - _____

30 DAY SUMMONS

To each respondent:

Located at: _____,

YOU ARE HEREBY SUMMONED and required to file an answer in this case, or otherwise file your appearance in the Office of the Clerk of this Court, located at:

within 7 days after service of this summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT, BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF ASKED IN THE PETITION.

To the Officer:

This summons must be returned by the Officer or other person to whom it was given for service, with endorsement of service and fees, if any immediately after service. 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.

Witness _____, 20 _____

(Seal of Court)

(Clerk of the Circuit Court)

(Plaintiff's attorney or plaintiff if he is not represented by an attorney)

Attorney Name: _____
Representing: _____
Address: _____
City, State: _____
Phone: _____
Email: _____

SHERIFF'S FEES

}	Service and return.	\$ _____
	Miles _____	_____
	Total.	\$ _____

Sheriff of Jackson County

I certify that I served this summons on defendants as follows:

(a)-(Individual defendants – personal):

(The officer or other person making service shall (a) identify as to sex, race and approximate age of the defendant with whom he left the summons, and (b) state the place where (whenever possible in terms of an exact street address) and the date and time of the day when the summons was left with the defendant.)

(b)-(Individual defendants – abode):

By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years of upwards, informing that person of the contents of the summons. (The officer or other person making service shall (a) identify as to sex, race and approximate age of the person, other than the defendant, with whom he left the summons, and (b) state the place where (whenever possible in terms of an exact street address) and the date and time of day when the summons was left with such person.)

and also by sending a copy of the summons and of the complaint in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode, as follows:

Name of Defendant	Mailing Address	Date of Mailing
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c)-(Corporation defendants):

By leaving this copy and a copy of the complaint with the registered agent, officer or agent of each defendant corporation, as follows:

Defendant Corporation	Registered agent, officer or agent	Date of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d)-(Other Service):

_____. Sheriff of Jackson County
By _____ . Deputy