

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

**Petitioner**

Check if filing on behalf of:

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

- Independent
- Criminal
- Juvenile

(file stamp)

\_\_\_\_\_  
**Name(s) of additional Petitioner(s)**

vs.

\_\_\_\_\_  
**Respondent**

**D.O.B.**

Case # \_\_\_\_\_ - OP -

(to be completed by Court)

\_\_\_\_\_  
**Address for Service**

**SUMMONS – ORDER OF PROTECTION**

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

(street address)

(city)

**IF YOU FAIL TO DO SO, AN ORDER OF PROTECTION MAY BE ENTERED AGAINST YOU BY DEFAULT FOR THE RELIEF ASKED IN THE PETITION.**

**Hearing Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **o'clock** \_\_\_\_ **.M., Courtroom** \_\_\_\_\_

**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

DATED \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Representing: \_\_\_\_\_

\_\_\_\_\_  
Clerk of the Circuit Court

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Form approved by the Conference of Chief Circuit Judges.

Effective December 11, 2009

Use required after January 1, 2010

**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 \_\_\_\_\_

Sex \_\_\_\_\_ 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 \_\_\_\_\_ o'clock \_\_\_\_ .M.,

\_\_\_\_\_ and addressed to \_\_\_\_\_, \_\_\_\_\_,

*Place of mailing*

*Respondent's name*

*Street Address*

\_\_\_\_\_, \_\_\_\_\_.

*City*

*Zip code*

(S.Ct. Rule 11 (b)(3) and 12(b)(3). Service is complete four days after mailing)

( ) I certify that Respondent was served while incarcerated at \_\_\_\_\_

Sheriff \_\_\_\_\_

By Deputy \_\_\_\_\_

Date \_\_\_\_\_