

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

\_\_\_\_\_  
**Petitioner's Name** (person completing form)

vs. Case # \_\_\_\_\_  
(to be completed by Court)

\_\_\_\_\_  
**Respondent** **D.O.B.**

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

**SUMMONS – FIREARMS RESTRAINING ORDER**

430 ILCS 67/1

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 EX PARTE FIREARMS RESTRAINING ORDER MAY BE ENTERED AGAINST YOU 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,

date

\_\_\_\_\_ and addressed to \_\_\_\_\_,  
Place of mailing Respondent's name Street

\_\_\_\_\_, \_\_\_\_\_  
City, State Zip

(S.Ct. Rule 11 (c)(3) and 12(b)(4). Service is complete four days after mailing)

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

Sheriff \_\_\_\_\_

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

Date \_\_\_\_\_