

STATE OF ILLINOIS

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

\_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
 \_\_\_\_\_, )  
 )  
 Petitioner, )  
 vs. ) Case No. \_\_\_\_\_ - SC - \_\_\_\_\_  
 )  
 \_\_\_\_\_, )  
 )  
 Respondent. )

**ORDER TO SHOW CAUSE**

Name and Address of Person to be Served with this Order:

\_\_\_\_\_

This cause having come on to be heard on the Petition for Order to Show Cause filed by \_\_\_\_\_, the Court having considered the petition and having been otherwise fully informed in the premises, finds that it should be granted.

WHEREFORE, IT IS HEREBY ORDERED that \_\_\_\_\_ shall appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_M. at the \_\_\_\_\_ county courthouse, \_\_\_\_\_, Illinois, and show cause, if any he/she has, why he/she should not be held in contempt of court and punished for failing to comply with the order entered by the Court on \_\_\_\_\_, 20\_\_\_\_.

DATE: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
JUDGE

**RETURN OF SERVICE - - ORDER TO SHOW CAUSE**  
**to be complete by Sheriff**

The undersigned certifies that he/she served the Order to Show Cause on the Defendant as follows

(Check appropriate box, and complete service information below)

a) **(Individual defendant – personal):**

By leaving copy of the complaint with each individual personally.

b) **(Individual defendant – 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 or upwards, informing that person of the contents and also by sending a copy of the summons in a seal envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.

c) **(Other service - - explain below)**

**SERVICE INFORMATION:**

Name of Defendant:

**Order To Show Cause given to:**

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Approximate Age \_\_\_\_\_

**Place of Service**

Street Address: \_\_\_\_\_ City of \_\_\_\_\_, State of \_\_\_\_\_

**Date of Service:**

\_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_ o'clock \_\_\_\_ .M.

Date of Mailing (if abode service was used)

**Signed:**

\_\_\_\_\_, Sheriff of \_\_\_\_\_ County, State of \_\_\_\_\_

By: \_\_\_\_\_, Deputy