

<b>STATE OF ILLINOIS</b> <b>CIRCUIT COURT</b>  <b>COUNTY</b>	<b>CONFIDENTIAL NAME &amp; LOCATION OF THE SCHOOL OR DAYCARE</b>	<b>Case Number</b>
<b>Instructions ▼</b> Enter the information as listed on the <i>Petition for Order of Protection</i> .	<b>Petitioner</b> _____ (First, middle, last name)  People to be Protected by this <i>Order</i> (check all that apply): <input type="checkbox"/> Petitioner <input type="checkbox"/> Petitioner's minor children with Respondent:  <input type="checkbox"/> Petitioner's minor children not related to Respondent:  <input type="checkbox"/> Dependent adult: _____ <input type="checkbox"/> High-risk adult: _____ <input type="checkbox"/> Other household _____  _____ _____ v. <b>Respondent</b> _____ (First, middle, last name)	<i>For Court Use Only</i> <input type="checkbox"/> <b>Independent</b> <input type="checkbox"/> <b>Juvenile</b> <input type="checkbox"/> <b>Other Civil Proceeding</b> <input type="checkbox"/> <b>Criminal</b>

<b>Petitioner:</b>	<ul style="list-style-type: none"> <li>• Use this form only if you did not list the addresses of schools or daycares in your <i>Petition</i> because you do not want Respondent to know these addresses.</li> <li>• Tell the Circuit Clerk this document is confidential or e-file it as "confidential."</li> </ul>
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Within 24 hours of this *Order* being entered, the Circuit Clerk shall send written notice of the *Order* to the following:

Enter the child's name and the name and address of your children's school or daycare.	<ol style="list-style-type: none"> <li>           Child's Name: _____            Name: _____ <input type="checkbox"/> School <input type="checkbox"/> Daycare            Address: _____  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span><i>Street Address</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP</i></span> </div> </li> <li>           Child's Name: _____            Name: _____ <input type="checkbox"/> School <input type="checkbox"/> Daycare            Address: _____  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span><i>Street Address</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP</i></span> </div> </li> <li>           Child's Name: _____            Name: _____ <input type="checkbox"/> School <input type="checkbox"/> Daycare            Address: _____  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span><i>Street Address</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP</i></span> </div> </li> </ol>
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