



ADDITIONAL CASE INFORMATION

(ORDER OF PROTECTION)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PETITIONER: _____

Who started the case. First, Middle, and Last Name

Filing on behalf of a ☐ minor or ☐ high-risk adult: _____

RESPONDENT: _____

Who you are seeking protection from. First, Middle, and Last Name

Case Number _____

Additional Case Information continued from the *Order of Protection*:

E. Is there now, or has there ever been, another *Order of Protection* entered between Petitioner and Respondent?

☐ Yes ☐ No ☐ Do not know

If yes, list information about the cases:

Names of People Involved	County & State	Year	Case No.	Pending?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

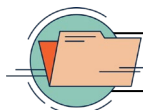
F. Is there now, or has there ever been, another court case between Petitioner and Respondent?

List all other types of court cases that you have been involved in with Respondent, such as divorce, custody, child support, parentage, parenting time, guardianship, adoption, criminal, or abuse and neglect cases.

☐ Yes ☐ No ☐ Do not know

If yes, list information about the cases:

Names of People Involved	County & State	Year	Case No.	Pending?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



File this form with your *Petition for Order of Protection*.