

STATE OF ILLINOIS CIRCUIT COURT COUNTY	CONFIDENTIAL NAME & LOCATION OF THE SCHOOL OR DAYCARE	Case Number
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Instructions ▼ </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Enter the information as listed on the <i>Petition for Order of Protection</i>. </div> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	<p>Petitioner _____ <i>(First, middle, last name)</i></p> <p>People to be Protected by this <i>Order</i> (check all that apply):</p> <p><input type="checkbox"/> Petitioner</p> <p><input type="checkbox"/> Petitioner's minor children with Respondent:</p> <p><input type="checkbox"/> Petitioner's minor children not related to Respondent:</p> <p><input type="checkbox"/> Dependent adult: _____</p> <p><input type="checkbox"/> High-risk adult: _____</p> <p><input type="checkbox"/> Other household _____</p> <p>_____</p> <p>_____</p> <p>v.</p> <p>Respondent _____ <i>(First, middle, last name)</i></p>	<p><i>For Court Use Only</i></p> <p><input type="checkbox"/> Independent</p> <p><input type="checkbox"/> Juvenile</p> <p><input type="checkbox"/> Other Civil Proceeding</p> <p><input type="checkbox"/> Criminal</p>

Petitioner:	<ul style="list-style-type: none"> • 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. • Tell the Circuit Clerk this document is confidential or e-file it as "confidential."
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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"> 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: 20px;"> <i>Street Address</i> <i>City</i> <i>State</i> <i>ZIP</i> </div> 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: 20px;"> <i>Street Address</i> <i>City</i> <i>State</i> <i>ZIP</i> </div> 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: 20px;"> <i>Street Address</i> <i>City</i> <i>State</i> <i>ZIP</i> </div>
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