

CIRCUIT COURT OF ILLINOIS

JUDICIAL CIRCUIT

COUNTY

Petitioner

Name(s) of other protected parties

- ☐ Independent
☐ Criminal
☐ Juvenile

(file stamp)

Check if filing on behalf of:

☐ a minor child, or ☐ an adult who because of age, disability, health, or inaccessibility cannot file the petition (*list name(s) below*)

vs.

Case # _____
(to be completed by Court)

Respondent

D.O.B.

Address for Service

SUMMONS – STALKING NO CONTACT ORDER

740 ILCS 21/1

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 service of this summons, not counting the day of service.

(street address)

(city)

IF YOU FAIL TO DO SO, A STALKING NO CONTACT ORDER MAY BE ENTERED AGAINST YOU BY DEFAULT FOR THE RELIEF ASKED IN THE PETITION.

Hearing Date _____ **Time** _____ **a.m./p.m.** **Courtroom** _____

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.

DATED _____

Petitioner's Attorney or

Petitioner if not represented by an attorney

Name: _____

Telephone Number _____

Address _____

City/State/Zip _____

Clerk of the Circuit Court

Deputy Clerk

Form approved by the Conference of Chief Circuit Judges.

Effective December 11, 2009

Use required after January 1, 2010

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 _____

Sex _____ 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 (b)(3) and 12(b)(3). Service is complete four days after mailing)

() I certify that Respondent was served while incarcerated at _____

Sheriff _____

By Deputy _____

Date _____