

**UNITED STATES OF AMERICA**  
**COUNTY OF LASALLE** **STATE OF ILLINOIS**  
**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT**

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**SUMMONS**

Residential Foreclosure Mediation

To each defendant:

You are summoned and required to file an Answer in this cause, or otherwise file your Appearance in the office of the Clerk of this Court, LaSalle County Courthouse, 119 W. Madison Street, Ottawa, IL 61350 within 30 days after service of this summons, not counting the day of service.

**IF YOU FAIL TO DO SO, A JUDGMENT OR DECREE BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.**

**YOU MAY STILL BE ABLE TO SAVE YOUR HOME. DO NOT IGNORE THIS DOCUMENT.**

By order of the Chief Judge of the Circuit Court of the Thirteenth Judicial Circuit, this case is set for Mandatory Mediation on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ am/pm at the LaSalle County Courthouse 119 W. Madison Street, Ottawa, IL 61350. A lender representative will be present along with a court appointed mediator to discuss options that you may have and to pre-screen you for potential mortgage modification. For further information on the mediation process, please see the attached **NOTICE OF MANDATORY MEDIATION**.

**YOU MUST APPEAR ON THE MEDIATION DATE GIVEN,  
OR YOUR RIGHT TO MEDIATION WILL TERMINATE**

To the Officer:

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. 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.

WITNESS \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Clerk of the Circuit Court)

Attorney or Party, if not represented by an attorney

Name \_\_\_\_\_

ARDC# \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

(Seal of Court)

**CLERK OF THE CIRCUIT COURT OF LASALLE COUNTY**

## SHERIFF'S FEES

Service and return..... \$ \_\_\_\_\_

Miles \_\_\_\_\_ .....

Total..... \$ \_\_\_\_\_

\_\_\_\_\_  
Sheriff of \_\_\_\_\_ County

I certify that I served this summons on defendants as follows:

(Check appropriate box, and complete information below)

☐ (a)--Individual defendants--personal):

By leaving a copy and a copy of the complaint with each individual defendant personally.

☐ (b)--(Individual defendants--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 the family or a person residing there, of the age 13 years or upwards, informing that person of the contents and also by sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his/her usual place of abode.

☐ (c)--(Corporation defendants):

By leaving a copy and a copy of the complaint with the registered agent, officer or agent of each defendant corporation.

☐ (d)--(Other service):

Name of Defendant \_\_\_\_\_

Name of Defendant \_\_\_\_\_

Name of Person  
Summons Given to \_\_\_\_\_

Name of Person  
Summons Given to \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. Age \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. Age \_\_\_\_\_

Place of Service \_\_\_\_\_

Place of Service \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Mailing \_\_\_\_\_

Date of Mailing \_\_\_\_\_