

CIRCUIT COURT OF ILLINOIS

Sixth Judicial Circuit
Champaign County

Petitioner's Name (person completing form)
Name(s) of other protected parties

- Independent
Criminal
Juvenile

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)

(file stamp)

vs.

Case No: (to be completed by Court)

Respondent D.O.B.
If the Respondent is under age 18 and if remedy #4 is ordered the name(s) of minor'(s) parents or legal guardian(s)

Address for Service
Notice to school board(s) if remedy #4 is requested

SUMMONS - CIVIL NO CONTACT ORDER

740 ILCS 22/101

You are summoned and required to file an answer in this case, or otherwise file your appearance, in the Office of the Clerk of the Circuit Court located at the Champaign County Courthouse, 101 East Main Street, Urbana, Illinois, within 7 days after the service of this Summons, not counting the day of service.

IF YOU FAIL TO DO SO, A CIVIL 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: Address: City/State/Zip: Telephone Number:

Clerk of the Circuit Court
Deputy Clerk

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 _____ a.m./p.m., at _____
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 _____