

CIRCUIT COURT OF ILLINOIS

Sixth Judicial Circuit
Champaign County

Petitioner

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.

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 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 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: _____
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 _____