STATE OF ILLINOIS, CIRCUIT COURT _____ **COUNTY**	**SUMMONS** **(Protective Orders)**	*For Court Use Only*

Instructions	
Enter above the county name where the case was filed.	**Petitioner** *(First, middle, last name)*
Enter your name as Petitioner.	
Enter the name of the person you are suing as Respondent.	v.
Enter the Case Number given by the Circuit Clerk.	**Respondent** *(First, middle, last name)* **Case Number**

In **1**, enter the name of the person you are seeking protection from and their contact information.	**1. Name and address of person to be served** Name *(First, Middle, Last)*: _____ Street Address, Apt #: _____ City, State, ZIP: _____ Telephone: _____
In **2**, check the box that describes the type of case you started against the Respondent.	**2. Petitioner has filed against you for the following** ☐ Order of Protection ☐ Stalking No Contact Order ☐ Civil No Contact Order ☐ Other
Respondent:	• You are required to file an answer or otherwise appear within 7 days of service of this *Summons*. • If you fail to appear on the hearing date or on any subsequent hearing date agreed to by the parties or set by the court, a 2-year plenary *(final)* order of protection may be entered by default for any of the remedies sought in the petition.
In **3**, if you do not know the court date, ask the Circuit Clerk. Always include the address of the court building and room where the Respondent must appear.	**3. Instructions for person receiving this form** *(Respondent)* ☐ Appear in court on the date in the attached *Order*. ☐ Appear in court on this date: _____ Courthouse Address: _____ City, State, ZIP: _____
In **4**, check the first box and enter your contact information. If you do not want the Respondent to know that information, check the second box and give a different address where you can receive legal documents.	**4. Contact information for Petitioner** ☐ This is Petitioner's information and address; OR ☐ The Petitioner's address is protected. The address below is a place where notices can be sent. Name *(First, Middle, Last)*: _____ Street Address, Apt #: _____ City, State, ZIP: _____ Telephone or email: _____ **By adding your email, you agree to receive court documents by email.**
STOP! The Circuit Clerk will fill in this section.	**Date Issued:** _____ *Seal of Court* **Clerk of the Court:** _____
Petitioner:	To serve this *Summons*, ask the Sheriff to deliver it to Respondent. Ask the Circuit Clerk how to give the *Summons* to the Sheriff.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	AFFIDAVIT OF SERVICE (Protective Orders)	*For Court Use Only*

Instructions		
Enter above the county name where the case was filed.		
Enter your name as Petitioner.	**Petitioner** *(First, middle, last name)*	
Enter the name of the person you are suing as Respondent.	v.	
Enter the Case Number given by the Circuit Clerk.	**Respondent** *(First, middle, last name)*	**Case Number**

STOP!

The person who served the *Summons* (e.g., law enforcement or special process server) will fill in the rest of the form.

AFFIDAVIT OF SERVICE

1. **Respondent information**

    Male: ☐   Female ☐   Approx. Age: _____   Hair Color: _____

    Height: _____   Weight: _____   Race: _____

    Address: _____

    City, State, ZIP: _____

2. I certify that I served the *Summons*, *Petition*, and/or any *Order* issued in this case by

    a. ☐   leaving a copy with Respondent personally

    _____
    First, Middle, Last

    on this date: _____   at this time: _____   ☐ a.m. ☐ p.m.

    at this address: _____

    OR

    b. ☐   By leaving a copy of the *Petition* at the usual place of abode of the Respondent with a person of the Respondent's family or a person residing there, of the age of 13 years or upwards, informing that person of the contents of the *Summons* and also by sending a copy of the *Summons* in a sealed envelope with postage fully prepaid, addressed to the Respondent at the Respondent's place of abode.

3. By:

    a. ☐   law enforcement:

    _____ , Sheriff of _____ County
    Sheriff's Name   *Name of County*

    by _____ , Deputy
    Deputy's Name Who Served

    OR

b. ☐ private process server

_____	_____
Your Signature	*Street Address*
_____	_____
Print Your Name	*City, State, ZIP*
	_____
	Telephone

Notary Public *(for private process servers or out-of-state service only)*

State of Illinois

County _____

Signed and sworn to before me on _____ by _____

                                                        Date   *Name*

_____

Seal   *Signature of Notary*

3. ☐ **Respondent was not served**

Respondent was not served because: _____

_____

_____

_____

_____

Service Attempts

Date	Time (a.m./p.m.)	STAR #