STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT

JACKSON COUNTY

_____

Petitioner
Name(s) of additional Petitioner(s)
_____ _____
_____

☐ Independent
☐ Criminal
☐ Juvenile

Check if filing on behalf of:
☐ a minor child, **or**
☐ an adult who because of age, disability,
or inaccessibility cannot file the petition *(list name(s) below)*

(file stamp)

_____

vs.

_____

Respondent **D.O.B.**

Case # - OP - _____
(to be completed by Court)

If the Respondent is under age 18 and if remedy #4 is ordered the name(s) of minor(s) ☐ parents or ☐ legal guardians(s)

_____

_____

Address for Service

☐ *Notice to school board(s) if remedy #4 is requested*

SUMMONS – CIVIL NO CONTACT

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 this Court, Room _____ , located at JACKSON County Courthouse, 1001 Walnut Street *(street address)* , Murphysboro *(city)* , 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 _____ o'clock ___ .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.

Petitioner's Attorney or
Petitioner if not represented by an attorney

Attorney Name: _____
Representing: _____
Address: _____
City, State: _____ IL
Phone: _____
Email: _____

DATED _____

_____
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 _____ o'clock ___ .M.,
date

_____ and addressed to _____, _____,
Place of mailing *Respondent's name* *Street Address*

_____, _____.
City *Zip code*

(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 _____