STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT

JACKSON COUNTY

_____

Petitioner's Name (person completing form)

☐ Independent
☐ Criminal
☐ Juvenile

Name(s) of other protected parties

_____

_____

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 # - OP -

Respondent's Name (person you want protection from)

MOTION TO EXTEND AND/OR MODIFY CIVIL NO CONTACT ORDER

I request that the ☐ emergency or ☐ plenary Stalking No Contact Order issued on _____ be ☐ extended OR ☐ modified OR ☐ extension to remain in effect until vacated or modified for the following good cause.

1. ☐ Extension when there has been **no material change** in relevant circumstances 740 ILCS 22/216(c).
Petitioner seeks no modification of the order. The reasons for the extension are: _____

_____

_____

_____ .

2. ☐ Modification or Extension when there **is a material change** in relevant circumstance.
There has been a material change of relevant circumstances since the order was issued. The changes of relevant circumstance and the reason for the requested modification or extension are as follows:_____

_____

_____

3. The Petitioner requests the following modification: _____

_____

_____

_____

Form approved by the Conference of Chief Circuit Judges.

Effective December 11, 2009

Use required after January 1, 2010

3. ☐ Extension requested until the order is vacated or modified for the following good cause:

_____

_____

_____

☐ Respondents address is unknown. Service by publication is requested (Sec. 2-206(a) Code of Civil Procedure)

The Petitioner prays this motion be set for hearing.

VERIFICATION

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW PURSUANT TO SECTION 1-109 OF THE CODE OF CIVIL PROCEDURE, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS INSTRUMENT ARE TRUE AND CORREC, EXCEPT AS TO MATTERS THE UNDERSIGNED CERTIFIES AS AFORESAID THAT THE UNDERSIGNED VERILY BELIEVES THE SAME TO BE TRUE.

_____

Signature of Petitioner

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

Attorney Name: _____

Representing: _____

Address: _____

City, State: _____ IL _____

Phone:_____

Email: _____

Petitioner's current address: _____ Illinois _____

(Street/P.O. Box) (City) (State) (Zip Code)

☐ Disclosure of Petitioner's and/or protected party'(s) address would risk further abuse. The address listed above is Petitioner's and/or protected party'(s) alternative address for service of notice.

_____

Cause set for ☐ status call ☐ hearing on _____, 20 ___, at ____ o'clock ____ .M., in room _____

at JACKSON County Courthouse, located at 1001 Walnut Street Judge Grace

SERVICE

( ) I certify that I served this motion on Respondent as follows: (Please check appropriate box and complete information below.)

( ) **Individual Respondent – Personal**
By leaving a copy of the motion with named Respondent
_____ personally on _____ .

( ) **Individual Respondent – Abode**
By leaving a copy of the motion at the usual place of abode of name Resondent 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: _____ , 20 ____ Time _____ o'clock ____ .M.

Name of Person Summons given to _____

Sex _____ Race _____ Appropriate Age _____

Date of Mailing: _____

Place of Service: _____

( ) Respondent not found in this County.

( ) Service by mailing notice, postage, fully pre-paid on _____, 20 ____, at _____ o'clock, ___ .M.,
date

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

_____, _____, _____.

(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_____

( ) I certify that a copy of the motion to extend and/or modify the stalking no contact order was served on the respondent by mailing in an envelope addressed to respondent at respondents' last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on _____ date.

Petitioner _____