

**CIRCUIT COURT OF ILLINOIS**

\_\_\_\_\_ **JUDICIAL CIRCUIT**

\_\_\_\_\_ **COUNTY**

\_\_\_\_\_  
**Petitioner**

on behalf of a  minor child, or  
 an adult who because of age, disability, health,  
or inaccessibility cannot file the petition

Independent  
 Criminal  
 Juvenile

\_\_\_\_\_  
(file stamp)

\_\_\_\_\_  
**Name(s) of additional Petitioner(s)**

vs.

\_\_\_\_\_  
**Respondent**

**D.O.B.**

Case # \_\_\_\_\_

(to be completed by Court)

\_\_\_\_\_  
**Address for Service**

**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 this Court, Room \_\_\_\_\_, located at \_\_\_\_\_ County Courthouse, \_\_\_\_\_, Illinois, within 7 days after the service of this summons, not counting the day of service.

(street address)

(city)

**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: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
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.

Sheriff \_\_\_\_\_

By Deputy \_\_\_\_\_

Date \_\_\_\_\_