

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
_____ COUNTY

Petitioner

- Independent
- Criminal
- Juvenile

[] on behalf of: [] a minor child, or
[] an adult who because of age, disability, health, or
Inaccessibility cannot file the Petition (name(s) listed below)

(file stamp)

Name(s) of additional Petitioner(s)

vs.

Case Number _____
(to be completed by Court)

**ORDER FOR EXTENSION AND/OR MODIFICATION
OF PLENARY ORDER OF PROTECTION**

A plenary order was entered on _____, 20_____.

The Court having jurisdiction of the subject matter and the parties, it is hereby ordered that:

- 1. An extension of the plenary order is hereby granted until
_____, 20_____ at _____ .m.
(Not to exceed 2 years)

OR

- An extension of the plenary order is granted until the plenary order of protection is vacated or modified, good cause having been shown.
- 1.(a) The motion of extension for the plenary order is denied.
- 2. A hearing on the extension of the plenary order is set for _____,
20_____ at _____ .m., in the _____ County Courthouse,
_____ Illinois.
- 3. The Plenary order is vacated.
- 4. The plenary order is modified as follows: _____

Order to be served on Respondent.

JUDGE
Date: _____

[] Petitioner [] Respondent given a copy of this Order in open court on _____.
cc: [] Petitioner [] Respondent [] Counsel of Record [] Sheriff [] Advocate [] Jail [] SA

I certify that I served this order on the Respondent as follows:

(a) - (Individual Respondent - personal):

By leaving a copy and a copy of the order with the respondent personally, as follows:

Name of Respondent

Date of Service

(b) - (Individual Respondent - abode):

By leaving a copy of the order at the usual place of abode of the respondent with a person of his family, of the age of 10 years or upwards, informing that person of the contents of the order, and also by sending a copy of the order in a sealed envelope with postage fully prepaid, addressed to the respondent at his usual place of abode, as follows:

Name of Respondent

Person with whom left

Date of Service

Date of Mailing

(c) - (Other service):

_____, Sheriff of _____ County

By _____ Deputy

SHERIFF'S FEES

Service and return.....\$ _____

Miles.....\$ _____

Mailing Expense.....\$ _____

Total.....\$ _____

Sheriff of _____ County