

CIRCUIT COURT OF ILLINOIS

JUDICIAL CIRCUIT

COUNTY

Petitioner
Name(s) of other protected parties

- Independent
Criminal
Juvenile

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)

Case # (to be completed by Court)

vs.

LEADS #

Respondent

Respondent date of birth

ORDER FOR EXTENSION AND/OR MODIFICATION OF STALKING NO CONTACT ORDER

The court finds that: an emergency order OR a plenary order was entered on

Notice given to Respondent by personal service by mailing pursuant to 740 ILCS 21/115 (e) The court having jurisdiction of the subject matter and the parties, it is hereby ordered that:

- 1. An extension of the order is granted and is hereby extended to 20 at a.m./p.m.(not to exceed two years).
2. An extension of the order is granted and is hereby to remain in effect until vacated or modified. (Only if entered in conjunction with a criminal prosecution and judgment of conviction for stalking is entered. (740 ILCS 21/105 (b)(3))
3. A hearing on the order is set for , 20 at a.m./p.m., at County Courthouse, Courtroom # , Illinois.
4. The order is vacated.
5. The 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 S/A

SERVICE

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

() **Individual Respondent – Personal**

By leaving a copy of the order with named Respondent _____ personally on _____.

() **Individual Respondent - Abode**

By leaving a copy of the order 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 fully pre-paid on _____, at _____ am/pm,
date
_____ and addressed to _____, _____,
Place of mailing Respondent's name Street
_____, _____
City, State Zip

(S.C. t. Rule 11 (b)(c) 12(b) Service is complete four days after mailing)

() I certify that Respondent was served while incarcerated at _____

Sheriff _____

By Deputy _____

Date _____