

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 \_\_\_\_\_