## **CIRCUIT COURT OF ILLINOIS**

	JUDICIAL CIRCUIT					
	COUNTY					
Petitioner's Name (person completing form)	☐ Independent ☐ Criminal					
Name(s) of other protected parties	□ Juvenile					
	(file stamp)					
Check if filing on behalf of:  a minor child, or an adult who because of age, disability, health, or inaccessibility cannot						
file the petition ( <i>list name</i> (s) below)	Case #					
	(to be completed by Court)					
vs.						
Respondent's Name (person you want protection from)						
	KTEND AND/OR MODIFY NO CONTACT ORDER					
I request that the □ emergency or □ plenary St. □ extended OR □ modified OR □ extension to following good cause:	alking No Contact Order issued on be to remain in effect until vacated or modified for the					
<ol> <li>Extension when there has been <b>no material o</b></li> <li>□ Petitioner seeks no modification of the order.</li> </ol>	<b>change</b> in relevant circumstances 740 ILCS 21/105(3)(c).  The reasons for the extension are:					
	aterial change in relevant circumstances. circumstances since the order was issued. The changes of equested modification or extension are as follows:					
•	No Contact Order if entered in conjunction with a criminal alking has been entered (pursuant to 740 ILCS 21/105					
Form approved by the Conference of Chief Circuit Judges. Effective December 11, 2009 Use required after January 1, 2010 Page 1 of 3 – Motion to Extend	d and/or Modify Stalking No Contact Order, #70C					
1 450 1 010 Monon to Entend						

The Petitioner requests the following modification:								
☐ Respondents ad Procedure)	Idress is unknown. Service by public	cation is requested (Se	c. 2-206 a Code	e of Civil				
The Petitioner pra	ys this motion be set for hearing.							
	<u>VERIFI</u>	CATION						
THE CODE OF CORTH IN THIS IS STATED TO BE CO	NALTIES OF PERJURY AS PROVI IVIL PROCEDURE, THE UNDERS INSTRUMENT ARE TRUE AND C IN INFORMATION AND BELIEF FORESAID THAT THE UNDERSI	IGNED CERTIFIES ORRECT, EXCEPT A AND AS TO SUCH N	THAT THE ST AS TO MATTE MATTERS THI	ATEMENTS SET CRS HEREIN E UNDERSIGNED				
Name:	ey or Petitioner if not represented by	an attorney						
Address	r							
_	nt address:(Street/P.O. Box)	(City)	(State)	(Zip Code)				
	of Petitioner's and/or protected party's and/or protected party'(s) alternati	v'(s) address would ris	k further abuse.					
Cause set for □ st	atus call □ hearing on	20, at	a.m./p.m. i	n room				
at	County Courthouse, loc	cated at	Judg	e				

SER	VICE							
( ) info	I certi mation b	•	l this motion on Respo	ondent as follows: (Ple	ase check a	appropriate box an	d complete	
	( )	( ) Individual Respondent – Personal By leaving a copy of the motion with named Respondent personally on						
f t	amily, of	Individual Range a copy of the fifth the age of 13 mons in a sealed	Respondent-Abode e motion at the usual pl years or upwards, info envelope with postage	lace of abode of name rming that person of the	d Responde	ent with a person of and also sending	a copy of	
1	Name of	Respondent						
I	Date of S	ervice		Time				
N	Name of	Person Summo	ans given to					
			Race	Approxima				
ī	Date of M	Tailing						
		_						
( )			nd in this County.					
( )			notice, postage, fully pr	date		-		
	Pl	ace of mailing	and addressed to _	Respondent's name	,	Street		
(S.Ct	 . Rule 11 (	City, State b)(3) and 12(b)(3)	Zip  O. Service is complete four	days after mailing)				
( )	I certi	ify that Respon	dent was served while	incarcerated at				
				Sheriff _				
				By Depu	ty			
				Date				
()	on the with p	e respondent by	opy of the motion to ex mailing in an envelor epaid and by depositing te.	be addressed to respon	ndent at resp	pondents' last kno		
				Petitione	r			