

**IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS**

(Name all parties)

	)	
	)	
Plaintiff(s)	)	
vs.	)	Case No. _____
	)	
	)	
Defendant(s)	)	

**SUMMONS**

**To each defendant:**

**YOU ARE HEREBY SUMMONED** and required to appear before this Court at **SMALL CLAIMS DIVISION, ROCK ISLAND COUNTY JUSTICE CENTER, 1317 3<sup>RD</sup> AVE., ROCK ISLAND, ILLINOIS**, Room 302 at \_\_\_\_\_ .M. on \_\_\_\_\_ 20\_\_\_\_\_ to answer the complaint in this case, a copy of which is hereto attached. **IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR RELIEF ASKED IN THE COMPLAINT.**

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/get help.asp>, or talk with your local circuit clerk’s office.

**To the officer:**

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service and not less than 3 days before the day for appearance. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be served later than **three** days before the day of appearance.

**WITNESS** \_\_\_\_\_, 20\_\_\_\_\_

(Seal of Court)

\_\_\_\_\_  
(Clerk of the Circuit Court)

\_\_\_\_\_  
(Deputy)

(Plaintiff’s attorney or plaintiff if he is not represented by an attorney)

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Telephone \_\_\_\_\_  
Facsimile Telephone \_\_\_\_\_

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff’s attorney’s facsimile machine is additionally required).

**\*\*\*Return date for a small claims summons must be on a Friday not less than 14 days or more than 40 days from issuance of summons. IL Supreme Court Rule 283\*\*\***

**SHERIFF'S FEES**

**SERVICE AND/OR RETURN..... \$ \_\_\_\_\_**  
**MILEAGE..... \$ \_\_\_\_\_**  
**TOTAL..... \$ \_\_\_\_\_**

**I CERTIFY THAT I SERVED THIS SUMMONS ON DEFENDANT(S) AS FOLLOWS:  
(CHECK APPROPRIATE BOX AND COMPLETE INFORMATION BELOW)**

- (a) (Individual defendants-personal):  
By leaving a copy and a copy of the complaint with each individual defendant personally.
- (b) (Individual defendants-abode):  
By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also by sending a copy of the Summons in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.
- (c) (Corporation defendants):  
By leaving a copy and copy of the complaint with the registered agent, office or agent of each defendant corporation.

(d) (Other Service):

Name of Defendant \_\_\_\_\_  
Name of Person \_\_\_\_\_  
Summons given to \_\_\_\_\_

Name of Defendant \_\_\_\_\_  
Name of Person \_\_\_\_\_  
Summons given to \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. age \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. age \_\_\_\_\_

Place of service \_\_\_\_\_

Place of service \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Mailing \_\_\_\_\_

Date of Mailing \_\_\_\_\_

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

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

(e) (Not found):

The within named \_\_\_\_\_ not found in this County

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Reason: \_\_\_\_\_

By \_\_\_\_\_, Deputy Sheriff of \_\_\_\_\_ County.