

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

Petitioner

V.

Respondent

Address: _____

No. _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Independent Petition
Criminal Proceedings
Dissolution**

SUMMONS – ILLINOIS DOMESTIC VIOLENCE ACT

To each defendant:

You are summoned and required to file an answer in this case, or otherwise file your appearance, in the office of the clerk of this court **within 7 days after service of this summons, not counting the day of service.**

Office of the Circuit Clerk
ROCK ISLAND COUNTY JUSTICE CENTER
1317 3RD AVENUE
ROCK ISLAND, ILLINOIS

**IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR
THE 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 office or person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, summons shall be returned so endorsed.

This summons may not be served later than 30 days after its date.

WITNESS _____, 20____

(Seal of Court)

Clerk of the Circuit Court

By: _____
Deputy

(Signature of Attorney or Signature of Petitioner, if not represented)

Petitioner's Name _____

Address: _____

City: _____

Phone: _____

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) (Other Service):

Name of Defendant _____

Name of Defendant _____

Name of Person _____

Name of Person _____

Summons given to _____

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

(d) (Not found):

The within named _____ not found in this County

This _____ day of _____, 20 ____.

Reason: _____

By _____, Deputy Sheriff of _____ County.