CIRCUIT COURT OF ILLINOIS
_____JUDICIAL CIRCUIT
_____COUNTY

_____
Petitioner's Name (person completing form)

vs.

Case # _____
(to be completed by Court)

_____
Respondent **D.O.B.**

_____

_____
Address for Service

SUMMONS – FIREARMS RESTRAINING ORDER

430 ILCS 67/1

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, Room_____, located at_____County Courthouse, _____,_____, Illinois, within 7 days after the
(street address) (city)
service of this summons, not counting the day of service.

IF YOU FAIL TO DO SO, A EX PARTE FIREARMS RESTRAINING ORDER MAY BE ENTERED AGAINST YOU FOR THE RELIEF ASKED IN THE PETITION.

Hearing Date_____Time_____a.m./p.m. Courtroom _____

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/gethelp.asp, or talk with your local circuit clerk's office.

To the Officer:
The Officer, or other person to whom it was given for service, with endorsement of service immediately following service, must return this summons. If service cannot be made, this summons shall be returned so endorsed.

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

Petitioner's Attorney or Petitioner
if not represented by an attorney
Name_____
Telephone Number _____
Address _____
City/State/Zip_____

_____
Dated

_____
Clerk of the Circuit Court

_____
Deputy Clerk

Approved by the Conference of Chief Circuit Judges – 01/18/19

SERVICE

( ) I certify that I served this summons on Respondent as follows:
(Check appropriate box, and complete information below.)

( ) **Individual Respondent – Personal**
By leaving a copy and a copy of the complaint with named Respondent
_____personally on_____.

( ) **Individual Respondent-Abode**
By leaving a copy and a copy of the complaint 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 _____

Gender_____Race_____Approximate Age _____

Date of Mailing _____

Place of Service _____

( ) Respondent not found in this County.

( ) Service by mailing notice, postage, fully pre-paid on_____, at _____ am/pm,
date

_____and addressed to_____,_____,
Place of mailing Respondent's name Street

_____,_____.
City, State Zip

(S.Ct. Rule 11 (c)(3) and 12(b)(4). Service is complete four days after mailing)

( ) I certify that Respondent was served while incarcerated at_____.

Sheriff _____

By Deputy _____

Date _____

Approved by the Conference of Chief Circuit Judges – 01/18/19