

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 service of this summons, not counting the day of service.

(street address)

(city)

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

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,

_____ 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 _____