

In The Circuit Court For The Seventh Judicial Circuit of Illinois Sangamon County, Springfield, Illinois

(Petitioner)			
VS.	Case No		
	Amount Claimed	***************************************	
(Defendant)	•		
	SUMMONS		
To each Defendant:			
You are hereby summoned and require	ed to appear before this Court at the Sangamo	n County Complex,	
200 South Ninth Street, Room 405, Springfield	d, Illinois ata.m. on	, ta)	
20, to answer the Complaint in this case,			
JUDGMENT BY DEFAULT MAY BE TAKI	EN AGAINST YOU FOR THE RELIEF AS	KED IN THE	
COMPLAINT.			
E-Filing is now mandatory for documents in concreate an account with an e-filing service provider. If http://www.illinoiscourts.gov/faq/gethelp.asp	rider. Visit http://efile.illinoiscourts.gov/servi	ice-providers.htm to	
To the Officer:			
This Summons must be returned by the Office endorsement of service and fees, if any, immed appearance. If service cannot be made, this Su served later than 3 days before the day of appearance.	diately after service and not less than 3 days mmons shall be returned so endorsed. This S	before day of	
(Seal of Court)			
Name:	Date		
Attorney for:			
ARDC No:	Clerk of the Circ	Clerk of the Circuit Court	
Address:			
City/State/Zip:	Date of Service:	, 20	
Area Code/Telephone:	(To be inserted by Officer on copy left w	(To be inserted by Officer on copy left with Defendant or other person)	

SHERIFF'S FEES

Service	and Return	\$	
Miles		\$	
Total		\$	
Plant of the state	Sheriff of	County	
certify that I served this Sun	nmons on the Defendant a	s follows:	
☐ (a) (Individual Defend	lants - personal):		
By leaving a copy and	a copy of the Complaint	with each individual personally,	as follows:
Name of De	fendant	Date of Service	
	The state of the s	H107107040070000000000000000000000000000	
□ (b) (Individual Defend	lants - abode):		
with a person of the fathe Summons, and als	amily, of the age of 13 year o by sending a copy of the	at the usual place of abode of eacurs or upwards; informing that pe summons and of the Complain dividual Defendant at his or her	rson of the contents of t in a sealed envelope
Name of Defendant	Person With Whom Le	ft Date of Service	Date of Mailing
☐ (c) (Corporation Defe By leaving a copy and Defendant Corporation	l a copy of the Complaint	with the Registered Agent, Office	eer or Agent of each
Defendant Corporation	Registered	Agent, Officer or Agent	Date of Service
□ (d) (Other service)			
	Sher	iff of	County