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 | | | |
| <u>SI</u> | J MMONS – FIRE | ARMS RESTRA 430 ILCS 67/1 | INING ORDER |
| | , located at | t | file your appearance in the Office of the Clerk County Courthouse, |
| (street address) service of this summons, not | , | (city) vice. | , Illinois, within 7 days after the |
| IF YOU FAIL TO DO SO YOU FOR THE RELIEF | | | G ORDER MAY BE ENTERED AGAINST |
| Hearing Date | | Time | a.m./p.m. Courtroom |
| account with an e-filing se | rvice provider. Visit ht If you need additional | tp://efile.illinoiscourts. help or have trouble | xemptions. To e-file, you must first create an gov/service-providers.htm to learn more and to e-filing, visit http://www.illinoiscourts.gov/faq/ |
| To the Officer : The Officer, or other person must return this summons. | | | ment of service immediately following service, e returned so endorsed. |
| This summons may | not be served later than | 30 days after its date. | |
| Petitioner's Attorney or Peti | | | |
| if not represented by an attorney | | Dated | |

Name_____ Telephone Number _____

Address ______ City/State/Zip ______

Clerk of the Circuit Court

Deputy Clerk

SERVICE

| () | I certi | y 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 | | | |
| | () 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 upwa informing that person of the contents and also sending a copy of the summons sealed envelope with postage fully prepaid, addressed to named Respondent a usual place of abode. | | | | |
| | | Name of Respondent | | | |
| | | Date of ServiceTime | | | |
| | | Name of Person Summons given to | | | |
| | | Gender Race Approximate Age | | | |
| | | Date of Mailing | | | |
| | | Place of Service | | | |
| () | Respo | ndent not found in this County. | | | |
| () am/pn | e by mailing notice, postage, fully pre-paid on, at | | | | |
| | | date and addressed to,, ce of mailing Respondent's name Street | | | |
| | Pla | ce of mailing Respondent's name Street | | | |
| (S.Ct. F | | City, State Zip (3) and 12(b)(4). Service is complete four days after mailing) | | | |
| () | I certi | y that Respondent was served while incarcerated at | | | |
| | | Sheriff | | | |
| | | By Deputy | | | |
| | | Date | | | |
| | | Page 2 of 2 – Summons – Firearms Restraining Order | | | |