

**CIRCUIT COURT OF ILLINOIS
TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY**

Petitioner

Name(s) of other protected parties

- Independent
 Criminal
 Juvenile

Check if filing on behalf of:

a minor child, or an adult who because of age, disability, health, or inaccessibility cannot file the petition *(list name(s) below)*

(file stamp)

Case # _____
(to be completed by Court)

vs.

LEADS # _____

Respondent

Respondent date of birth _____

**ORDER FOR EXTENSION AND/OR MODIFICATION
OF STALKING NO CONTACT ORDER**

The court finds that: an emergency order OR a plenary order was entered on _____.

Notice given to Respondent by personal service by mailing pursuant to 740 ILCS 21/115 (e)
The court having jurisdiction of the subject matter and the parties, it is hereby ordered that:

1. An extension of the order is granted and is hereby extended to _____
20____ at _____ a.m./p.m.(not to exceed two years).
2. An extension of the order is granted and is hereby to remain in effect until vacated or modified.
(Only if entered in conjunction with a criminal prosecution and judgment of conviction for stalking is entered. (740 ILCS 21/105 (b)(3))
3. A hearing on the order is set for _____, 20____ at _____ a.m./p.m.,
at the McHenry County Government Center, Courtroom _____, 2200 N. Seminary Avenue,
Woodstock, Illinois.
4. The order is vacated.
5. The order is modified as follows:

Order to be served on Respondent

JUDGE

Date: _____

Petitioner Respondent given a copy of this Order in open court on ____/____/____.

cc: Petitioner Respondent Counsel of Record Sheriff Advocate Jail State's Attorney

Form approved by the Conference of Chief Circuit Judges.
Effective December 11, 2009
Use required after January 1, 2010

SERVICE

() I certify that I served this order on Respondent as follows: (Please check appropriate box and complete information below.)

() **Individual Respondent – Personal**

By leaving a copy of the order with named Respondent
_____ personally on _____.

() **Individual Respondent - Abode**

By leaving a copy of the order 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 _____

Sex _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

() Respondent not found in this County.

() Service by mailing notice fully pre-paid on _____, at _____ am/pm,
date
_____ and addressed to _____,
Place of mailing Respondent's name Street
_____, _____
City, State Zip

(S.C. t. Rule 11 (b)(c) 12(b) Service is complete four days after mailing)

() I certify that Respondent was served while incarcerated at _____

Sheriff _____

By Deputy _____

Date _____