

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

\_\_\_\_\_  
**Petitioner**

- Independent  
 Criminal  
 Juvenile

\_\_\_\_\_  
**Name(s) of other protected parties**

(file stamp)

*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*)

\_\_\_\_\_  
VS.

Case # \_\_\_\_\_  
(to be completed by Court)

\_\_\_\_\_  
**Respondent** **D.O.B.**

\_\_\_\_\_  
(Street Address for Service)

\_\_\_\_\_  
(City) (State) (Zip Code)

**SUMMONS – STALKING NO CONTACT ORDER**

740 ILCS 21/1

You are summoned and required to file an answer in this case, or otherwise file your appearance in the Office of the McHenry County Clerk of Court, Room 356, located at the McHenry County Government Center, 2200 N. Seminary Avenue, Woodstock, Illinois 60098, within 7 days after the service of this summons, not counting the day of service.

**IF YOU FAIL TO DO SO, A STALKING NO CONTACT ORDER MAY BE ENTERED AGAINST YOU BY DEFAULT FOR THE RELIEF ASKED IN THE PETITION.**

**Hearing Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **a.m./p.m. Courtroom** \_\_\_\_\_

**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.

DATED \_\_\_\_\_

Petitioner's Attorney or  
Petitioner if not represented by an attorney  
Name: \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Clerk of the Circuit Court

\_\_\_\_\_  
Deputy Clerk

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 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 \_\_\_\_\_

Sex \_\_\_\_\_ 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 (b)(3) and 12(b)(3). Service is complete four days after mailing)

( ) I certify that Respondent was served while incarcerated at \_\_\_\_\_

Sheriff \_\_\_\_\_

By Deputy \_\_\_\_\_

Date \_\_\_\_\_