



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

\_\_\_\_\_  
(Petitioner)  
  
vs.  
  
\_\_\_\_\_  
(Defendant)



Case No. \_\_\_\_\_  
Amount Claimed \_\_\_\_\_

**SUMMONS**

To each Defendant:

You are hereby summoned and required to appear before this Court at the Sangamon County Complex, 200 South Ninth Street, Room 405, Springfield, Illinois at \_\_\_\_\_ a.m. on \_\_\_\_\_, 20\_\_\_\_, to answer the Complaint in this case, a copy of which is hereto attached, IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.

To the Officer:

This Summons must be returned by the Officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service and not less than 3 days before day of appearance. If service cannot be made, this Summons shall be returned so endorsed. This Summons may not be served later than 3 days before the day of appearance.

(Seal of Court)

\_\_\_\_\_  
Date

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

Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

ARDC No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Area Code/Telephone: \_\_\_\_\_

Date of Service: \_\_\_\_\_, 20\_\_\_\_.

(To be inserted by Officer on copy left with Defendant or other person)

SHERIFF'S FEES

Service and Return	\$ _____
Miles	\$ _____
Total	\$ _____

Sheriff of \_\_\_\_\_ County

I certify that I served this Summons on the Defendant as follows:

- (a) (Individual Defendants - personal):

By leaving a copy and a copy of the Complaint with each individual personally, as follows:

Name of Defendant	Date of Service
_____	_____
_____	_____
_____	_____

- (b) (Individual Defendants - abode):

By leaving a copy and a copy of the Complaint at the usual place of abode of each individual Defendant with a person of the family, of the age of 13 years or upwards; informing that person of the contents of the Summons, and also by sending a copy of the Summons and of the Complaint in a sealed envelope with postage fully prepaid, addressed to each individual Defendant at his or her usual place of abode as follows:

Name of Defendant	Person With Whom Left	Date of Service	Date of Mailing
_____	_____	_____	_____
_____	_____	_____	_____

- (c) (Corporation Defendants):

By leaving a copy and a copy of the Complaint with the Registered Agent, Officer or Agent of each Defendant Corporation, as follows:

Defendant Corporation	Registered Agent, Officer or Agent	Date of Service
_____	_____	_____
_____	_____	_____

- (d) (Other service)

\_\_\_\_\_ Sheriff of \_\_\_\_\_ County