IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS

		Case No.
Plaintiff/Petitioner SERVE THIS DEFENDANT AT:	Defendant/Respondent	
Name:		
Address, City, State, Zip & County		
		File Stamp
SUMM	ONS - FIREARMS RE	STRAINING ORDER
You are summoned and required to file of this Court, within seven (7) days after		otherwise file your appearance in the Office of the Clerk ons, not counting the day of service.
IF YOU FAIL TO DO SO, AN EX PA AGAINST YOU FOR THE RELIEF		TRAINING ORDER MAY BE ENTERED TON.
Hearing Date:	Time:	Courtroom:
Court Location:		
account with an e-filing service provide	r. Visit http://efile.illinois ditional help or have troub	ed exemptions. To e-file, you must first create an courts.gov/service-providers.htm to learn more and to ble e-filing, visit http://www.illinoiscourts.gov/faq/
To the Officer:		
•	•	th endorsement of service immediately following s summons shall be retuned so endorsed.
This summons may not be served later	than 30 days after its date.	
Petitioner's Attorney or Petitioner if not	represented by an attorne	y
Atty/Pro Se		
Address		
City/State/Zip		
Atty Reg./Firm No.		ITNESS,
Telephone Number		
		Clerk of the Circuit Court
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(SUMMONS - FIREARMS RESTRAINING ORDER continued) Case No. **SERVICE** I certify that I served this summons on Respondent as follows: (Please 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/her 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/hers usual place of abode. Name of Respondent Date of Service Time Name of Person Summons given to Gender _____ Race ____ Approximate Age _____ Date of Mailing _____ Place of Service _____ Respondent not found in this County. (Street/P.O. Box) (City), (State), (Zip Code) (Supreme Court Rule 11(c)(3) and 12(b)(4). Service is complete four (4) days after mailing) I certify that Respondent was served while incarcerated at

By Deputy _____

Date _____