

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

Case No. \_\_\_\_\_

|                             |                           |            |
|-----------------------------|---------------------------|------------|
| Plaintiff/Judgment Creditor | Defendant/Judgment Debtor |            |
| Defendant's Address         |                           |            |
| Name:                       |                           |            |
| Address:                    |                           |            |
| City, State & Zip:          |                           | File Stamp |
| Garnishee/Employer Address  |                           |            |
| Name:                       |                           |            |
| Address:                    |                           |            |
| City, State & Zip:          |                           |            |

**SUMMONS - CONFIRM CONDITIONAL JUDGMENT**

**TO THE GARNISHEE:**

**YOU ARE SUMMONED** and required to file your appearance in this case in the Office of Theresa E. Barreiro, Clerk of the Sixteenth Judicial Circuit Court at the Kane County Courthouse, 100 S. 3rd St., Geneva, or 540 S. Randall Rd., St. Charles, Illinois on or before \_\_\_\_\_ (21 to 30 days after the date of issuance of this summons (735 ILCS 5/12-706)) and show cause why the conditional judgment for \$ \_\_\_\_\_ entered against you on \_\_\_\_\_ should not be made final.

**IF YOU FAIL TO APPEAR AS SET FORTH ABOVE, THE CONDITIONAL JUDGMENT, PLUS COSTS, MAY BE MADE FINAL.**

**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. If service cannot be made, this summons shall be returned so endorsed. This summons may not be served later than the above date.

**Date of Service** \_\_\_\_\_  
(to be inserted by officer on copy left with defendant or other person).

Attorney/Pro Se: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Attorney Registration No.: \_\_\_\_\_  
Attorney E-mail: \_\_\_\_\_

Witness \_\_\_\_\_ (date)

\_\_\_\_\_  
Theresa E. Barreiro  
Clerk of the Circuit Court

**SUMMONS TO CONFIRM CONDITIONAL JUDGMENT**

Case No. \_\_\_\_\_

I certify that I served this summons on garnishee as follows:

(a) - (Individual garnishee-personal):

By leaving a copy and a copy of the interrogatories with each individual garnishee personal as follows:

| Name of defendant | Date of service |
|-------------------|-----------------|
| _____             | _____           |
| _____             | _____           |
| _____             | _____           |

(b) - (Individual garnishee-abode):

By leaving a copy and a copy of the interrogatories at the usual place of abode of each individual garnishee 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 the interrogatories in a sealed envelope with postage fully prepaid, addressed to each individual garnishee at the usual place of abode, as follows:

| Name of defendant | Person with whom left | Date of service | Date of mailing |
|-------------------|-----------------------|-----------------|-----------------|
| _____             | _____                 | _____           | _____           |
| _____             | _____                 | _____           | _____           |
| _____             | _____                 | _____           | _____           |

(c) - (Corporation Garnishee):

By leaving a copy and a copy of the interrogatories with the registered agent, officer, or agent of each garnishee corporation, as follows:

| Defendant corporation | Registered agent, officer or agent | Date of service |
|-----------------------|------------------------------------|-----------------|
| _____                 | _____                              | _____           |
| _____                 | _____                              | _____           |
| _____                 | _____                              | _____           |

(d) - (Other service):

(e) - (Unable to Serve):

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

| <b>SHERIFF'S FEES</b>          |        |
|--------------------------------|--------|
| Service and return _____ ..... | _____  |
| Miles _____ .....              | _____  |
| Total .....                    | _____  |
| Sheriff of _____               | County |

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

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