

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
BOONE COUNTY

FILE STAMP

Plaintiff

vs.

Defendant

Case No. _____

Amount Claimed \$ _____

Service to be made**to:** _____

ARBITRATION CASE SUMMONS

TO THE DEFENDANT _____,

YOU ARE HEREBY SUMMONED and required to appear before this court in courtroom _____ of the Boone County Courthouse, 601 N. Main St., Belvidere, Illinois at _____ o'clock ____ 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 ENTERED AGAINST YOU FOR THE RELIEF ASKED FOR 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 three (3) days before the day for appearance. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be served later than thirty (30) days after its date.

(Seal of Court)

Witness. _____, 20____

Clerk of the Circuit Court

By: _____

Plaintiff's Attorney or Plaintiff

Name: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone No: _____

E-mail: _____

Date of Service _____, 20____
 (To be inserted by officer on copy left with defendant or other person)

If you have a disability that requires an accommodation to participate in court, please contact the Court
 Disability Coordinator at 815-319-4806.

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Witness. _____, 20____

Clerk of the Circuit Court

By: _____

Plaintiff's Attorney or Plaintiff,

Name: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone No: _____

Email: _____

Date of Service _____, 20____
 (To be inserted by officer on copy left with defendant or other person)