

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

FILE STAMP

Plaintiff

vs.

Case No. _____

Defendant
and_____
Employer Name and Address

WAGE DEDUCTION SUMMONS

TO THE EMPLOYER _____,

YOU ARE HEREBY SUMMONED and required to file answers to the judgment creditor's interrogatories, in the Office of the Clerk of the Court, 601 N. Main St., Belvidere IL, 61008 on or before _____, 20_____.
(21 to 40 days after issuance of summons)

However, if this summons is served on you less than 3 days before that date, you must file answers to the interrogatories on or before a new return date, to be set by the court, not less than 21 days after you were served with this summons.

This proceeding applies to non-exempt wages due at the time you were served with this summons and to wages which become due thereafter until the balance due on the judgment is paid.

IF YOU FAIL TO ANSWER, A CONDITIONAL JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE AMOUNT OF THE JUDGMENT UNPAID.

FEDERAL AGENCY EMPLOYERS: Effective upon service of this summons and pursuant to 5 USC 552 (a), you are to commence to pay over deducted wages to the attorney for the judgment creditor in accordance with 735 ILCS 5/12-808.

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.

(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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 Clerk of the Circuit Court

By: _____

Plaintiff's Attorney or Plaintiff,

Name: _____

Attorney for: _____

Address: _____

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