

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

File Stamp

Plaintiff

-vs-

Case No. _____

Defendant

**SUMMONS
(Day Certain)**

To each Defendant: _____

YOU ARE HEREBY SUMMONED AND REQUIRED TO APPEAR BEFORE THIS COURT
on the _____ day of _____, 20____ at _____ (a.m.) (p.m.) in
Court room _____ of the Boone County Courthouse, 601 N. Main St., Belvidere, IL, 61008
to answer the Complaint in this case, a copy of which is attached hereto.

**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.

This Summons may not be served later 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 issuance.

WITNESS: _____

(Seal of Court)

(Clerk of the Circuit Court)

By: _____

(Plaintiff's Attorney or Plaintiff if not represented by an attorney)

Name: _____

Attorney for: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (____) _____

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

