

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE SEVENTEENTH CIRCUIT  
BOONE COUNTY

\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) ) Case No. \_\_\_\_\_  
-Vs. - )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )

To: Illinois Department of  
Healthcare and Family Services  
Office of the Attorney General  
200 S. Wyman St. Suite 307B  
Rockford, Illinois 61101

**NOTICE**

Notice is hereby given that the above entitled cause is set on  
\_\_\_\_\_, 20\_\_ at \_\_\_\_\_, for hearing on  
\_\_\_\_\_ in courtroom \_\_\_\_\_  
In the Boone County Courthouse, 601 N. Main St. Belvidere, IL 61008.

\_\_\_\_\_  
(Signature)

**PROOF OF SERVICE**

The undersigned certifies that a true and correct copy of the above NOTICE was served upon the Attorneys or parties of record to the above cause by enclosing same in an envelope addressed to such Attorneys or parties at their addresses as disclosed by the pleadings of record herein with postage fully prepaid, and by depositing said envelope in a U.S. Post Office in Belvidere, Illinois on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)