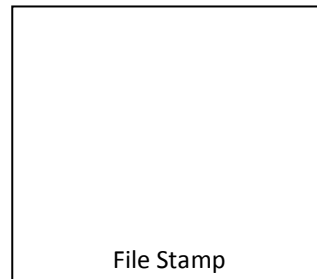


STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS



Plaintiff(s)

vs.

Case No. _____

File Stamp

Defendant(s)

Amount Claimed _____

SUMMONS
(30 Day)

To each Defendant: _____

Address: _____

YOU ARE HEREBY SUMMONED and required to file an answer in this case, or otherwise file your appearance, in the office of the Clerk of this Court, Boone County Courthouse, 601 N. Main St., Belvidere, Illinois, 61008, within 30 days after service of this summons, not counting the day of service. **IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.**

This case is set for a Case Management Conference in courtroom _____ on

_____ at _____. FAILURE TO APPEAR MAY RESULT IN THE CASE BEING DISMISSED OR AN ORDER OF DEFAULT BEING ENTERED.

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/gethelp.asp>, or talk with your local circuit clerk's office.

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 30 days after its issuance.

WITNESS _____

Clerk of the Circuit Court

Court Seal

By: Deputy Clerk

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

Name _____

Prepared by _____

Attorney for _____

Attorney Registration No. _____

Address _____

ARDC No. _____

City, State, Zip _____

Email Address _____

Telephone _____

Date of Service _____

(To be inserted by office on copy left with the employer or other persons)

SHERIFF'S FEES

Service and return \$ _____
Miles _____ \$ _____
Total Sheriff's Fees \$ _____

Sheriff of _____ County

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

(a) - INDIVIDUAL DEFENDANTS - PERSONAL:

The officer or other person making service, shall (a) identify as to sex, race and approximate age of the defendant with whom he left the summons, and (b) state the place where (whenever possible in terms of an exact street address) and the date and time of the day when the summons was left with the defendant.

(b) - INDIVIDUAL DEFENDANTS - ABODE:

By leaving a copy of the summons and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years and upwards, informing that person of the contents of the summons. The officer or other person making service, shall (a) identify as to sex, race and approximate age of the person, other than the defendant with whom he left the summons, and (b) state the place where (whenever possible in terms of an exact street address) and the date and time of day when the summons was left with such person.

and also by sending a copy of the summons and of the complaint in a sealed envelope with postage fully pre-paid, addressed to each individual defendant at his usual place of abode, as follows:

Name of Defendant	Mailing Address	Date of Mailing
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) - CORPORATION DEFENDANTS:

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

Defendant corporation	Registered agent, officer or agent	Date of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) - OTHER SERVICE

_____, Sheriff of _____ County

By: _____

(Deputy)