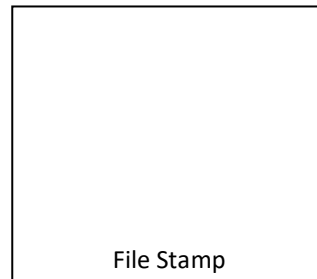


STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS



Plaintiff(s)

vs.

Case No. _____

Defendant(s)

SMALL CLAIMS SUMMONS

To each Defendant: _____

Address: _____

YOU HAVE BEEN NAMED A DEFENDANT IN THE COMPLAINT IN THIS CASE, A COPY OF WHICH IS ATTACHED.

YOU ARE SUMMONED AND REQUIRED TO APPEAR EITHER IN PERSON OR REMOTELY BEFORE THIS COURT ON _____ at _____ in courtroom _____ of the Boone County Courthouse, 601 N. Main St., Belvidere, IL 61008 to answer the Complaint in this case.

IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.

1. Information about the lawsuit:

Amount Claimed: \$ _____

2. Contact Information for the Plaintiff/Petitioner:

Name (*First, Middle, Last*): _____

Street Address. Apt #: _____

City, State, ZIP: _____

Telephone: _____ E-Mail: _____

3. Contact Information for the Defendant/Respondent:

Name (*First, Middle, Last*): _____

Street Address. Apt #: _____

City, State, ZIP: _____

Telephone: _____ E-Mail: _____

You may be able to attend this court date by phone or video conference. this is called a 'Remote Appearance.' Call the Circuit Clerk at 815-544-0371 or visit their website at www.boonecircuitclerk.us to find out how to do this.

E-filing is now mandatory 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/getehelp.asp> or talk with your local circuit clerk's office. If you cannot e-file, you may be able to get an exemption that allows you to file in-person or by mail. Ask your Circuit Clerk for more information or visit www.illinoislegalaid.org.

If you are unable to pay your court fees, you can apply for a fee waiver. For information about defending yourself in a court case (including filing an appearance or fee waiver), or to apply for free legal help, go to www.illinoislegalaid.org. You can also ask your local circuit clerk's office for a fee waiver application.

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 less than 21 days before the date of the court appearance. If service cannot be made, this summons shall be returned so endorsed.

WITNESS _____

COURT SEAL

Clerk of the Circuit Court

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 _____

Telephone _____

Date of Service _____

E-mail: _____

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

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

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 DEFENDANT - 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 DEFENDANT - 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 DEFENDANT:

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 _____

Dated: _____

Sheriff of _____ County

By: _____

(Deputy)