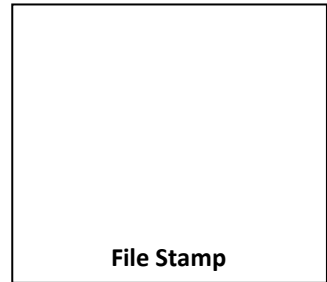


STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS



Plaintiff(s)

vs.

Case No. _____

File Stamp

Defendant(s)

SUMMONS
(Paternity PL- Mother)

To each Defendant: _____

YOU ARE SUMMONED AND REQUIRED TO APPEAR 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, 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. IF YOU DO NOT APPEAR AS INSTRUCTED IN THIS SUMMONS, YOU MAY BE
REQUIRED TO SUPPORT THE CHILD NAMED IN THIS PETITION UNTIL THE CHILD IS AT LEAST 18 YEARS OLD.
YOU MAY ALSO HAVE TO PAY THE PREGNANCY AND DELIVERY COST OF THE MOTHER.**

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)