

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY**

(Name all parties)

No. _____

Plaintiff

Vs.

Amount claimed \$ _____

Defendant

SUMMONS

To each defendant:

YOU ARE HEREBY SUMMONED and required to appear before this Court at
SMALL CLAIMS DIVISION, ROCK ISLAND COUNTY COURTHOUSE, ROCK ISLAND, ILLINOIS, Room 103
at _____ .M. on _____ 20_____ to answer the
complaint in this case, a copy of which is hereto attached. **IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT
MAY BE TAKEN AGAINST YOU FOR 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 and not less than 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 3 days before the day of appearance.

WITNESS _____, 20_____

(Clerk of the Circuit Court)

(Seal of Court)

(Deputy)

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

Name _____
Attorney for _____
Address _____
City _____
Telephone _____

SHERIFF'S FEES

Service and/or Return..... \$ _____
 Mileage..... \$ _____
 Total..... \$ _____

I certify that I served this Summons on defendants as follows:
 (Check appropriate box, and complete information below)

- (a) - (Individual defendants-personal):
By leaving a copy and a copy of the complaint with each individual defendants personally.
- (b) - (Individual defendants-abode):
By leaving a copy 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 or upwards, informing that person of the contents and also by sending a copy of the Summons in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.
- (c) - (Corporation defendants):
By leaving a copy and a copy of the complaint with the registered agent, officer or agent of each defendant corporation.
- (d) - (Other service):

Name of Defendant _____ Name of Defendant _____

Name of Person Summons given to _____ Name of Person Summons given to _____

Sex _____ Race _____ Approx. Age _____ Sex _____ Race _____ Approx. Age _____

Place of Service _____ Place of Service _____

Date of Service _____ Time _____ Date of Service _____ Time _____

Date of Mailing _____ Date of Mailing _____

By _____, Deputy By _____, Deputy

- (e) -(Not found):
 The within named _____ not found in this County
 this _____ day of _____, 20_____. REASON: _____
 _____, By _____, Deputy
 _____ Sheriff of _____ County