

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS

_____))
Plaintiff/Petitioner,)
Vs.) CASE NO. _____)
_____))
Defendant/Respondent.)

NOTICE OF HEARING

(This notice will not be effective, if you do not do all of the following: 1.) complete all parts of this form, including the certificate of service, 2.) file it with the circuit clerk, and, 3.) actually serve this notice in one of the manners set out below in the certificate of service)

TO: _____
(Insert name(s) and address(es) of persons/parties whom you are notifying of the hearing.)

YOU ARE HEREBY NOTIFIED that on _____ **(insert date of hearing)**
at _____ a.m./p.m. **(insert time of hearing)**, or as soon thereafter as counsel or parties may be
heard, we shall appear before the Honorable Presiding Judge in the room usually occupied by him or her
as a Courtroom, at the Rock Island County Courthouse, at 210-15th Street, Rock Island, Illinois, and there
call up for hearing the _____ **(insert name of the**
pleading, motion, or other subject of the hearing for which you are sending this notice.)

Date: _____
(Write today's date here) (Sign your name here)

(Print your name, address, and phone number here)

CERTIFICATE OF SERVICE

Under the penalties as provided by law, pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each to the attorneys of record herein at their respective addresses disclosed on the pleadings on the _____ (insert date you served this notice). **CHECK AT LEAST ONE:**

- By: U.S. Mail (at least 4 court days prior to hearing) Fax (at least one court day prior to the hearing)
 Hand Delivered (at least one court day prior to the hearing) Certified Mail (at least 4 days prior to hearing)
 Other: (check this only if a judge pre-authorizes alternate service) Email (at least one court day prior to the hearing AND only if the party has consented to service by email)

(Sign your name here)