

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

(Name all parties)

)	
)	
Plaintiff(s))	
vs.)	Case No. _____
)	
)	
Defendant(s))	

SUMMONS

To each defendant:

YOU ARE HEREBY SUMMONED and required to appear before this Court at **SMALL CLAIMS DIVISION, ROCK ISLAND COUNTY COURTHOUSE, 210 15th STREET 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.**

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/get help.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 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 **three** days before the day of appearance.

WITNESS _____, 20_____

(Seal of Court)

(Clerk of the Circuit Court)

(Deputy)

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

Name _____
Attorney for _____
Address _____
City _____
Telephone _____
Facsimile Telephone _____

(If service by facsimile transmission will be accepted, the telephone number of the plaintiff or plaintiff's attorney's facsimile machine is additionally required).

*****Return date for a small claims summons must be on a Friday not less than 14 days or more than 40 days from issuance of summons. IL Supreme Court Rule 283*****

SHERIFF'S FEES

SERVICE AND/OR RETURN..... \$ _____
MILEAGE..... \$ _____
TOTAL..... \$ _____

**I CERTIFY THAT I SERVED THIS SUMMONS ON DEFENDANT(S) 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 defendant 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 copy of the complaint with the registered agent, office or agent of each defendant corporation.

(d) (Other Service):

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

Name of Defendant _____
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.