

**THIS IS AN ARBITRATION CASE**

**STATE OF ILLINOIS**

**COUNTY OF ROCK ISLAND**

**IN THE CIRCUIT COURT OF THE 14<sup>TH</sup> JUDICIAL CIRCUIT**

\_\_\_\_\_  
**PLAINTIFF**

**CASE NO.**

\_\_\_\_\_

\_\_\_\_\_  
**DEFENDANT**

**SUMMONS**

To: Each Defendant

You are hereby summoned and required to appear before this Court at the Rock Island County Courthouse, 210-15<sup>th</sup> Street, Rock Island, Illinois, on \_\_\_\_\_ at the hour of \_\_\_\_\_M. to answer the complaint of the plaintiff(s), 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.**

RETURN: This summons may not be served later than three (3) days before the date of appearance.

WITNESS: **LISA L. BIERMAN, CLERK OF THE CIRCUIT COURT**

(SEAL OF COURT)

**DATED** \_\_\_\_\_

\_\_\_\_\_  
**CLERK OF THE FOURTEENTH JUDICIAL CIRCUIT**

**NOTICE TO PLAINTIFF**

If you fail to appear on the date set for return shown above, the case will be dismissed for want of prosecution.

**IF THIS SUIT INVOLVES A CLAIM IN TORT, SUPREME COURT RULE 222 DISCLOSURE STATEMENT MUST BE ATTACHED TO THE COMPLAINT.**

Name \_\_\_\_\_  
ARDC No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

**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 date of appearance. If service cannot be made, this summons shall be returned so endorsed.

**NOTICE TO PLAINTIFF OR PLAINTIFF'S ATTORNEY:** When preparing the above Summons, you will insert a return date not less than 21 nor more than 40 days after the date of issuance.

**NOTE:** The filing of an appearance or answer with the Circuit Court Clerk requires a statutory filing fee, payable at the time of filing.

**LISA L. BIERMAN, CLERK OF THE FOURTEENTH  
JUDICIAL CIRCUIT, ROCK ISLAND, ILLINOIS**

**SHERIFF'S FEES**

Service and return.....\$\_\_\_\_\_

Miles.....\$\_\_\_\_\_

Total.....\$\_\_\_\_\_

\_\_\_\_\_  
Sheriff of \_\_\_\_\_ County

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 of the complaint with each individual defendant personally.
- (b) - (Individual defendants-abode):  
defendant with a person of his family, of the age of 13 years 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\_\_\_\_\_

\_\_\_\_\_  
Sheriff of \_\_\_\_\_ County

By \_\_\_\_\_,Deputy