

UNITED STATES OF AMERICA
STATE OF ILLINOIS COUNTY OF LASALLE
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

PLAINTIFF

CASE NUMBER

VS.

DEFENDANT

File Stamp Here

SUMMONS
PARENTAGE

To the defendant:

You are hereby Summoned and Required to appear before this Court at 119 W. Madison St., Ottawa, Illinois in courtroom # at on to file an answer in this case or otherwise file your appearance to the complaint of the plaintiff(s), a copy of which is hereto attached.

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 eighteen (18) years old. You may also have to pay the pregnancy and delivery costs of the mother.

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 three (3) days before the date of appearance. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be serves later than thirty (30) days after its date.

Name:

Witness:

Attorney Number:

Clerk of the Thirteenth Judicial Circuit Clerk, and the seal thereof, Ottawa, Illinois Date

Attorney for:

Clerk of the Thirteenth Judicial Circuit

Address:

City/State/Zip:

Date of service (To be inserted by officer on copy left with defendant or other person)

Telephone Number:

NOTICE TO PLAINTIFF OR PLAINTIFF'S ATTORNEY:

When preparing the above summons, you insert a date not less than 21 days not more than 40 days after 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.

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Witness:

Attorney Number:

Clerk of the Thirteenth Judicial Circuit Clerk, and the seal thereof, Ottawa, Illinois Date

Attorney for:

Clerk of the Thirteenth Judicial Circuit

Address:

City/State/Zip:

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Telephone Number:

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### AFFIDAVIT

\_\_\_\_\_, being first duly sworn upon oath says that the last known mailing address of \_\_\_\_\_ defendant, is \_\_\_\_\_ and the last known address of \_\_\_\_\_ defendant, \_\_\_\_\_

Signed and Sworn before me

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public or Circuit Clerk

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

### SHERIFF'S RETURN

I certify that I served this document on defendant(s) as follows:

- (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/her family, of the age of 13 years or upwards, informing the 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 services:  
\_\_\_\_\_
- (e) Unable to serve:  
By \_\_\_\_\_ Badge No. \_\_\_\_\_

Name of Defendant \_\_\_\_\_  
 Name of Person \_\_\_\_\_  
 summons given to \_\_\_\_\_  
 Sex \_\_\_\_ Race \_\_\_\_ Approx. age \_\_\_\_  
 Place of service \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Date of service \_\_\_\_\_ Time \_\_\_\_\_  
 Date of Mailing \_\_\_\_\_  
 Special Process Server of \_\_\_\_\_

Name of Defendant \_\_\_\_\_  
 Name of Person \_\_\_\_\_  
 summons given to \_\_\_\_\_  
 Sex \_\_\_\_ Race \_\_\_\_ Approx. age \_\_\_\_  
 Place of service \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Date of service \_\_\_\_\_ Time \_\_\_\_\_  
 Date of Mailing \_\_\_\_\_  
 Sheriff of \_\_\_\_\_ County  
 County Illinois License # \_\_\_\_\_

By \_\_\_\_\_

### AFFIDAVIT

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Signed and Sworn before me

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Date

\_\_\_\_\_  
Notary Public or Circuit Clerk

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Signature of Plaintiff or Attorney for Plaintiff

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 Name of Person \_\_\_\_\_  
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 Sex \_\_\_\_ Race \_\_\_\_ Approx. age \_\_\_\_  
 Place of service \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
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 Name of Person \_\_\_\_\_  
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 Sex \_\_\_\_ Race \_\_\_\_ Approx. age \_\_\_\_  
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 Date of service \_\_\_\_\_ Time \_\_\_\_\_  
 Date of Mailing \_\_\_\_\_  
 Sheriff of \_\_\_\_\_ County  
 County Illinois License # \_\_\_\_\_

By \_\_\_\_\_