## IN THE CIRCUIT COURT FOR THE TWENTY-THIRD JUDICIAL CIRCUIT KENDALL COUNTY, ILLINOIS

Plaintiff(s) vs.  Defendant(s)	) ) ) Case No ) Amount Claimed: \$
Deteridant(s)	) Amount claimed. 5
SMALI	CLAIMS SUMMONS
summoned and required to file your appearance, in	nt in this case, a copy of which is hereto attached. You are in the office of the clerk of this court, within 30 days after service of you fail to do so, a judgement by default may be entered against
· · · · · · · · · · · · · · · · · · ·	cases with limited exemptions. To e-file, you must first create an s://efile.illinoiscourts.gov/service-providers.htm to learn more and help or have trouble e-filing, visit
· ·	visit http://www.illinoiscourts.gov/faq/gethelp.asp or talk with you may be able to get an exemption that allows you to file information or visit www.illinoislegalaid.org.
	oply for a fee waiver. For information about defending yourself in a aiver), or to apply for free legal help, go to <a href="www.illinoislegalaid.org">www.illinoislegalaid.org</a> . a fee waiver application.
TO THE OFFICER:	
SERVE THE DEFENDANT AT:	
	other person to whom it was given for service, with endorsement of If service cannot be made, this summons shall be returned so
Witness this date,	
	(Clerk of the Circuit Court)
(Seal of Court)	(Deputy)
Date of Service:	
Time of Service:	

## **NOTICE TO DEFENDANT**

**IF YOU WISH TO CONTEST THIS CLAIM**, you must do the following:

E-mail address:

Pay the statutory Appearance fee and file a written Appearance (forms may be obtained online or in the main office of the Clerk of the Circuit Court) within 30 days after service of this summons, not counting the day of service.

You must mail or otherwise deliver to the opposing party a copy of your Appearance.

**IF YOU DO NOT WISH TO CONTEST THIS CLAIM**, you need not appear in person or file a written appearance and a judgment will be entered against you on the return day for the amount claimed by the plaintiff in the complaint plus court costs.

## AFFIDAVIT FOR SERVICE BY CERTIFIED MAIL

		, being first duly sworn on oath says that
the last known mailing		defendant above is
		and the last known
mailing address of defe		
The undersigned certif contained herein is tru		oursuant to 735 ILCS 5/1-109, that the information
Date:	, 20	
		Plaintiff/Plaintiff's Attorney
Prepared by:		
•		
	State:	
	Zip Code:	

## OFFICIAL SHERIFF PROCESS ONLY

I certify that I served this Summons on defendant(s) as follows:								
[ ] (a). (Individual defo By leaving a copy of th		-	each individual de	fendant(s) pe	rsonally, as follows:			
Name of Defendant				Date	of Service			
[ ] (b). (Individual defendant(s)-abode):  By leaving a copy of the Summons and Complaint at the defendant(s) usual place of abode, with some person of the family, or a person residing there of the age of 13 years or upwards, informing that person of the contents of the Summons, and also by sending a copy of the Summons and Complaint in a sealed envelope with postage fully prepaid, addressed to each individual defendant(s) at his/her usual place of abode, as follows:								
Name of Defendant	Name of Defendant Person With Whom Left		Date of Service		Mail Date			
[ ] (c). (Corporation defendant(s)):  By leaving a copy of the Summons and Complaint with the registered agent officer, or agent of each defendant corporation, as follows:								
Defendant Corporation Reg		tered Agent		Date of Service				
		, Sheriff of		County by_	,			
deputy. Sheriff's Fee					le = total \$			
Sheriff			01		County.			