

**CIRCUIT COURT OF ILLINOIS
NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY**

Petitioner's Name *(person completing form)*

Name(s) of other protected parties

Check if filing on behalf of:
 a minor child, or an adult who because of age, disability, health, or inaccessibility cannot file the petition *(list name(s) below)*

- Independent
- Criminal
- Juvenile

vs.

Respondent's Name *(person you want protection from)*

Case #: _____
(to be completed by Court)

If the Respondent is under age 18 and if remedy #4 is requested the name(s) of minor parent(s) or legal guardian(s)

 Notice to School Board (s) *(if remedy #4 is requested)*

MOTION TO EXTEND AND/OR MODIFY CIVIL NO CONTACT ORDER

I request that the Emergency or Plenary Civil No Contact Order issued on _____ be extended OR modified OR extension to remain in effect until the order is vacated or modified for the following good cause:

1. Extension when there has been **no material change** in relevant circumstances 740 ILCS 22/216(c).
 This motion is not contested and the petitioner seeks no modification of the order.

The reasons for the extension are: _____

2. Modification or Extension when there **is a material change** in relevant circumstances.
 There has been a material change of relevant circumstances since the order was issued.
The changes of relevant circumstances and the reason for the requested modification or extension are as follows: _____

The Petitioner requests the following modification: _____

3. Extension requested until the order is vacated or modified for the following good cause: _____

Respondents address is unknown. Service by publication is requested.
(Sec. 2-206 (a) of the Code of Civil Procedure)

The Petitioner prays this motion be set for hearing.

VERIFICATION

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW PURSUANT TO SECTION 1-109 OF THE CODE OF CIVIL PROCEDURE, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS INSTRUMENT ARE TRUE AND CORRECT, EXCEPT AS TO MATTERS HEREIN STATED TO BE ON INFORMATION AND BELIEF AND AS TO SUCH MATTERS THE UNDERSIGNED CERTIFIES AS AFORESAID THAT THE UNDERSIGNED VERILY BELIEVES THE SAME TO BE TRUE.

Signature of Petitioner

Petitioner’s Attorney or Petitioner (if not represented by an attorney)

Prepared by:
Name: _____ Pro Se
Address: _____
City: _____ State: ____
Phone: _____ Zip Code: _____
ARDC #: _____
E-mail address: _____

Disclosure of Petitioner’s and/or protected party’(s) address would risk further abuse. The address listed above is Petitioner’s and/or protected party’(s) alternative address for service of notice.

ORDER

Cause set for status call hearing on _____, 20____, at _____m. in Courtroom ____
at _____ County Courthouse, located at _____.

Dated at Waukegan, Illinois this _____ day
of _____, 20____. Enter:

Judge

SERVICE

I certify that I served this Motion on Respondent as follows:
(Check appropriate box, and complete information below.)

Individual Respondent – Personal
By leaving a copy and a copy of the complaint with named Respondent _____
personally on _____.

Individual Respondent-Abode
By leaving a copy and a copy of the complaint at the usual place of abode of named Respondent with
a person of his family, of the age of 13 years or upwards, informing that person of the contents and
also sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to
named Respondent at his usual place of abode.

Name of Respondent: _____

Date of Service: _____ Time: _____

Name of Person Summons given to: _____

Sex: _____ Race: _____ Approximate Age: _____

Date of Mailing: _____

Place of Service: _____

Respondent not found in this County.

Service by mailing notice, postage, fully pre-paid on _____ at _____ m, from
(date)

_____ and addressed to _____,
(Place of mailing) (Respondent's name)

_____, _____, _____, _____.
(Street) (City) (State) (Zip Code)

(S.Ct. Rule 11 (b)(3) and 12(b)(3). Service is complete four days after mailing)

I certify that Respondent was **served while incarcerated at:** _____.

Sheriff _____

By Deputy _____

Date: _____

I certify that a copy of the *Motion to Extend and/or Modify the Civil No Contact Order* was served on the respondent by mailing in an envelope addressed to respondent at respondents' last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on:

(date)

Petitioner