

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

\_\_\_\_\_  
**Petitioner's Name** (person desiring protection)

\_\_\_\_\_  
**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)

**MOTION TO EXTEND AND/OR MODIFY STALKING NO CONTACT ORDER**

I request that the  Emergency or  Plenary Stalking 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 21/105 (3)(c).  
 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Permanently extend the Plenary Stalking No Contact Order if entered in conjunction with a criminal prosecution and a judgment of conviction for stalking has been entered (pursuant to 740 ILCS 21/105 (b)(3)).

4. The Petitioner requests the following modification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)*

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 Stalking 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**