

IN THE NAME OF THE PEOPLE OF THE STATE OF ILLINOIS

\_\_\_\_\_  
PLAINTIFF )  
VS. )  
 )  
 )  
ILLINOIS DEPARTMENT OF EMPLOYMENT ) NO. \_\_\_\_\_  
SECURITY, an administrative agency in the )  
State of Illinois: DIRECTOR OF THE ILLINOIS )  
DEPARTMENT OF EMPLOYMENT SECURITY: )  
BOARD OF REVIEW an administrative agency in the )  
State of Illinois: )  
\_\_\_\_\_ employer )  
DEFENDANTS )

SUMMONS IN ADMINISTRATIVE REVIEW

To each defendant:

YOU ARE SUMMONED and required to file an answer in this case or otherwise file your appearance in the office of the clerk of this court located at 18 North County Street, Waukegan, Illinois, within 35 days after the date of this summons.

WITNESS \_\_\_\_\_ 20 \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

CERTIFICATE OF MAILING

On \_\_\_\_\_, 20 \_\_\_\_\_, I sent by registered mail a copy of this summons to each defendant addressed as follows:

DEFENDANT  
Board of Review  
  
Director of the Illinois  
Department of Employment Security

ADDRESS  
33 South State Street  
Chicago, Illinois 60603  
  
33 South State Street  
Chicago, Illinois 60603

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Clerk of Court