# IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

| Name of Party(ies) Filing the Case       | SAMPLE   |  |  |
|--|--|--|--|
| Plaintiff(s)<br>vs.                      | j <b>JAIVIFLE</b>  |  |  |
| Name of Party(ies) Case is Filed Against | Gen No. Clerk Will Assign Case Number                      |  |  |
| Defendant(s)                             | ) Amount Claimed \$ <mark>Amount of Money Suing For</mark> |  |  |
| SMALL CLAIMS SUMMONS                     |  |  |  |

## To each defendant:

**YOU ARE HEREBY SUMMONED** and required to appear before this Court at Courtroom 306, 18 North County Street, Waukegan. Illinois, at <u>Time of Court Date</u> AM PM, on <u>Available Court Date - Provided by Circuit Clerk Staff - Please Call</u>, 20, to answer the complaint in this case, 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.

**E-FILING** is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit https://efile.illinoiscourts.gov/service-providers.htm to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <a href="http://www.illinoiscourts.gov/FAQ/gethelp.asp">http://www.illinoiscourts.gov/service-providers.htm</a> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <a href="http://www.illinoiscourts.gov/FAQ/gethelp.asp">http://www.illinoiscourts.gov/service-providers.htm</a> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit

#### 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 3 days before the day for appearance. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be served later than 3 days before the day for appearance.

|  | WITNESS, 20                                     |  |
|--|---|--|
| (Seal of Court)  | Clerk Will Complete This Section and Apply Seal |  |
|  | (Clerk of the Circuit Court)                    |  |
| (Plaintiff's attorney or plaintiff if he or she is not represented by                        | (Deputy)<br>y an attorney)                      |  |
| Prepared by:   |   |  |
| Name: Party Completing This Document Pro Se  | ] If not an attorney, mark Pro Se box           |  |
| Address: Address of Party Completing this Document   | _   |  |
| City: City of Party Completing this Document State: State of Party                           | <u>/</u>  |  |
| Phone: Phone Number of Party Completing this Document Zip Code: Zip of Party Completing Doc. | <u> </u>  |  |
| ARDC #: Conly Required for Attorneys   | _   |  |
| E-mail address: _ <mark>Email Address of Party Completing Document</mark>                    | _   |  |
|  |   |  |

## NOTICE TO DEFENDANT

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

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) on or before the date and time specified above for your appearance, hereafter called the return date. You must mail or otherwise deliver to the opposing party a copy of your Appearance. If the Appearance is timely filed and the fee paid, you are not required to appear in court in person on the return date. Your case will then be tried on the 14th day after the return date, and you should be present in court at the above specified address prepared to proceed to trial.

In the event the trial day falls on a court holiday, the trial shall be held on the next earliest court day following said court holiday.

**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

| Plaintiff Name(s) (Party(ies) Completing this Documen  | <mark>t)</mark> , being firs                                | t duly sworn on oath says that            |
|--|---|---|
| the last known mailing address of <u>Defendant's N</u> | ame (Party case is being filed against)                     | defendant                                 |
| above is   |   |   |
| and the last known mailing address of Additional Defe  | endant's Name (or Repeat Defendant's Name if Additional Add | <sup>ress, if applicable)</sup> defendant |
| above is Additional Defendant's Address OR Alternat    | tive/Second Address for Defendant, if applicable            |   |

The undersigned certifies, under penalties provided by law pursuant to 735 ILCS 5/1-109, that the information contained herein is true and correct.

Date: Current Date , 20

Signature of Party Filing Case

Plaintiff/Plaintiff's Attorney