

IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KENDALL COUNTY, ILLINOIS

STATE OF ILLINOIS)
COUNTY OF KENDALL) SS.

GEN. NO. _____

VS.

PLAINTIFF(S)

DEFENDANT(S)

Name _____ Code _____ SERVE THIS DEFENDANT AT:
PLAINTIFF OR PLAINTIFF'S ATTORNEY
Address _____ NAME
City _____ Phone _____ ADDRESS
CITY & STATE

**SUMMONS
SMALL CLAIMS**

To the above named defendant(s) . . . :

You are hereby summoned and required to appear before this court at the Kendall County Courthouse (court location) _____ at _____ m. On _____, 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.

TO THE SHERIFF OR OTHER PROCESS SERVER:

This summons must be returned by the officer or other person to whom it was given and not less than three (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 THREE (3) DAYS BEFORE THE DAY FOR APPEARANCE.

WITNESS _____, 20 _____
(CLERK OF THE CIRCUIT COURT)

AFFIDAVIT FOR SERVICE BY CERTIFIED MAIL

_____, being first duly sworn upon oath says that the last known address of _____, defendant, is _____, and the last known address of _____, defendant, is _____.

Subscribed and Sworn before me

DATE _____

SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF

NOTARY PUBLIC - CLERK OF THE CIRCUIT COURT

I certify that I served this summons on defendants as follows:

(a)- (Individual defendants - personal):

By leaving a copy and a copy of the complaint with each individual defendant personally, as follows:

Name of defendant	Date of service

(b)- (individual defendants - abode):

By leaving a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 10 years or upwards, informing that person of the contents of the summons, and also by sending a copy of the summons and of the complaint in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode, as follows:

Name of defendant	Person with whom left	Date of service	Date of mailing

(c) - (Corporation defendants):

By leaving a copy and a copy of the complaint with the registered agent officer, or agent of each defendant corporation, as follows:

Defendant corporation	Registered agent, officer or agent	Date of service

(d) - (Other service):

_____, Sheriff of _____ County
By _____, Deputy

SERVICE FEES	
Service and return	_____ \$ _____
Miles	_____
Total	_____ \$ _____
Sheriff of	_____ County