

**CIRCUIT COURT OF ILLINOIS
TWENTY THIRD JUDICIAL CIRCUIT
KENDALL COUNTY**

Petitioner's Name (original petitioner)

vs.

Case # _____

(to be completed by Court)

Respondent's Name (original respondent)

**MOTION TO TERMINATE
FIREARMS RESTRAINING ORDER**

I request that the Emergency Firearms Restraining Order or Six Month Firearms Restraining Order issued on _____ be terminated for the following good cause:

Respondent is entitled to one (1) hearing during the period of the order to request a termination. Respondent shall have the burden of proving by a preponderance of the evidence that he/she does not pose a danger of causing personal injury to him/her self, or another in the near future by having in his or her custody or control any firearms, and purchasing, possessing, or receiving additional firearms. *(provide information below)*

The Respondent prays this motion be set for hearing.

Signature of original Respondent

Respondent's Attorney or Respondent if not represented by an attorney

Name: _____

Telephone Number: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Petitioner's current address: _____

Cause set for hearing on _____, 20____, at _____ a.m./p.m. in room _____

at the Kendall County Courthouse, located at 807 West John Street, Yorkville IL, Judge _____

SERVICE

() I certify that I served this motion on original Petitioner as follows: (Please check appropriate box and complete information below.)

() **Individual Petitioner – Personal**

By leaving a copy of the motion with named original Petitioner _____
personally on _____.

() **Individual Petitioner– Abode**

By leaving a copy of the motion at the usual place of abode of named original Petitioner with a person of his/her 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 original Petitioner _____

Date of Service _____ Time _____

Name of Person Summons given to _____

Sex _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

() Original Petitioner not found in this County.

() Service by mailing notice, postage, fully pre-paid on _____, at _____ am/pm,
date
_____ and addressed to _____, _____,
Place of mailing original Petitioner's name Street
_____, _____.
City, State Zip

(S.Ct. Rule 11 (b)(3) and 12(c)(4). Service is complete four days after mailing)

() I certify that original Petitioner was served while incarcerated at _____

Sheriff _____

By Deputy _____

Date _____

() I certify that that a copy of the motion to terminate firearms restraining order was served on the original petitioner by mailing in an envelope addressed to original petitioner at original petitioners' last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on _____ date.

Original Respondent _____