

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Plaintiff(s)		
vs.		
		Case No. _____
Defendant(s)		
and		
PLEASE SERVE		
Respondent in Discovery		

SUMMONS FOR DISCOVERY

To Respondent in Discovery:

YOU ARE HEREBY NOTIFIED that on _____, a complaint, a copy of which is attached was filed in the above, Court naming you as a Respondent in Discovery. Pursuant to the Illinois Code of Civil Procedure Section 735 ILCS 5/2-402 and Supreme Court Rules 201 et. seq., and/or Court Order entered on _____, the above named Plaintiff(s) are authorized to proceed with the discovery of the named Respondent(s) in Discovery.

YOU ARE SUMMONED AND COMMANDED to appear for deposition, before a notary public (answer the attached written interrogatories), (respond to the attached request to produce), (or other appropriate discovery tool).

We are scheduled to take the oral discovery deposition of the above named Respondent, _____ on _____, at the hour of _____ AM PM, at the office _____, Illinois, in accordance with the rules and provisions of this Court. Witness and mileage fees in the amount of \$ _____ are attached (or) (serve the following interrogatories, request to produce, or other appropriate discovery tool upon Respondent, _____ to be answered under oath by Respondent, _____ and delivered to the office of _____, Illinois, within 28 days from date of service).

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 <http://www.illinoiscourts.gov/FAQ/gethelp.asp>.

TO THE OFFICER/SPECIAL PROCESS SERVER:

This summons must be returned by the officer or other person to whom it was given for service, with endorsement or affidavit of service and fees and an endorsement or affidavit of payment to the Respondent of witness and mileage fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed.

Atty. No.: _____	Date of Service _____
Name: _____	(To be inserted by officer on copy left with Respondent or other person.)
Atty for: _____	Dated: _____
Address: _____	Witness: _____
City: _____ State: _____ Zip: _____	
Telephone: _____	
Primary Email: _____	