

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

(Name All Parties)

PRINT NAME OF PERSON OR PARTY SUING

Plaintiff(s)

v.

PRINT NAME OF PERSON OR PARTY BEING SUED

Defendant(s)

No. **CLERK WILL ASSIGN YOUR CASE NUMBER**

Amount Claimed \$ **PRINT AMOUNT PLUS COURT COSTS**

*Return Date **CLERK WILL ASSIGN A RETURN DATE PRINT RETURN DATE**

RETURN DATE MUST BE 21 OR 28 DAYS AFTER TODAY'S DATE AND IT MUST BE EITHER A MONDAY, TUESDAY OR WEDNESDAY.

SUMMONS

To each Defendant:

YOU ARE SUMMONED and required either:

1. to appear in person in Room 1401, RICHARD J. DALEY CENTER, 50 W. WASHINGTON, CHICAGO, at 2:00 P.M. m., on * PRINT COURT DATE, OR
(Time) (Date) (Address)

2. to file your written appearance by yourself or attorney in Room _____ on or before that date, and appear in Room _____, at _____ m. on that date.
(Address) (Time)

IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT, A COPY OF WHICH IS ATTACHED.

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 of appearance.

Atty. No.: **PRINT "PRO 9E-99500" IF NO ATTORNEY**

Name: **PRINT YOUR NAME**

Atty. for: **IF NO ATTORNEY, LEAVE BLANK**

Address: **PRINT YOUR ADDRESS**

City/State/Zip: **PRINT YOUR CITY, STATE AND ZIP CODE**

Telephone: **PRINT YOUR COMPLETE TELEPHONE NUMBER**

WITNESS _____,
UPON PAYMENT OF FILING FEE, CLERK WILL SIGN AND SEAL
Clerk of the Circuit Court

Date of Service _____
To be inserted by officer on copy left with Defendant or other person

(This form replaces CCM1-89/89A)

(OVER)