

**OFFICE OF THE CIRCUIT COURT CLERK OF COOK COUNTY**  
**REQUEST FOR NOTICE TO MEDICAL FACILITIES AND SCHOOLS**  
(PLEASE PRINT)

Case Number \_\_\_\_\_

\_\_\_\_\_  
PETITIONER'S NAME (person requesting the Order of Protection)

v.

\_\_\_\_\_  
RESPONDENT'S NAME (person the Order of Protection is against)

As provided for in the Illinois Domestic Violence Act, 750 ILCS 60/222(e), I \_\_\_\_\_, request that the Clerk of  
PETITIONER'S NAME

the Circuit Court of Cook County issue a certified copy of the Order of Protection (see attached) entered on \_\_\_\_\_, \_\_\_\_\_, by Judge  
DATE

\_\_\_\_\_ to the following school(s) in which the child(ren) of the petitioner is/are enrolled:

\_\_\_\_\_  
JUDGE'S LAST NAME

\_\_\_\_\_  
JUDGE'S NO.

**IMPORTANT NOTE: If your children all attend the same school print the school's name, complete address, city and zip code ONLY once.  
If your children attend different schools, you must print the name, address, city and zip code of EACH SCHOOL.**

CHILD'S FULL NAME	NAME OF SCHOOL	SCHOOL STREET ADDRESS	CITY	ZIP CODE

\_\_\_\_\_  
ATTORNEY FOR PETITIONER

\_\_\_\_\_  
PETITIONER'S NAME

\_\_\_\_\_  
EXPIRATION DATE OF ORDER

IRIS Y. MARTINEZ, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS