

Sheriff's Return
ILLINOIS DOMESTIC VIOLENCE ACT
***Attach copy of petition and order**

I certify that I served this summons on respondent(s) as follows:
(Check appropriate box and complete information)

_____ (a) Individual respondent(s) – personal:

By Leaving a copy and a copy of the petition and order with each Individual respondent personally.

_____ (b) Individual respondent(s) – abode:

By leaving a copy and a copy of the petition and order at the usual place of abode of each individual respondent with a person of his/her family, of the age of 13 years or upwards, informing that person of the summons in a sealed envelope with postage fully prepaid, addressed to each individual respondent at his/her usual place of abode.

_____ (c) Other Service: _____

Name of Respondent: _____

Name of person summons given to: _____

Sex: _____ Race: _____ Approximate Age: _____

Place of service: _____

Date of Service: _____ Time: _____ AM/PM

Date of Mailing: _____

Name of Respondent: _____

Name of person summons given to: _____

Sex: _____ Race: _____ Approximate Age: _____

Place of Service: _____

Date of service: _____ Time: _____ AM / PM

Date of Mailing: _____

Fees: _____

Sheriff of: _____ County

Mileage: _____

Total: _____

By: _____
Deputy