## Sheriff's Return ILLINOIS DOMESTIC VIOLENCE ACT \*Attach copy of Plenary Order of Protection

I certify that I served this Plenary Order of Protection on respondent(s) as follows: (Check appropriate box and complete information)

By Lea Individua (b) Individua By lea individ years Proted	lual respondent I respondent(s): ving a copy and lual respondent or upwards, infetion in a sealed of	d a copy of the petition a personally.	ee of abode of each mily, of the age of 13 ne Plenary Order o y prepaid, addressed nce of abode.
(c) Other Ser	vice		
Name of Responde	nt:		
Name of person Plo Sex: Place of service:	Race:	Approxima	te Age:
Date of Service: Date of Mailing:			AM/PM
Name of Responde	nt:		
Name of person Ple	enary Order of Pr	rotection given to:	
Sex:	Race:	Approxima	te Age:
Place of Service: Date of service:		Time:	AM / PM
Date of Mailing:			
Fees:		Sheriff of	County
Mileage: Total:		Ву:	Deputy