

2120 - Served  
2220 - Not Served  
2320 - Served By Mail  
2420 - Served By Publication  
Summons - Alias Summons

2121 - Served  
2221 - Not Served  
2321 - Served By Mail  
2421 - Served By Publication

(01/25/17) CCG N001

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

\_\_\_\_\_  
v. (Name all parties)  
\_\_\_\_\_  
No. \_\_\_\_\_

SUMMONS  ALIAS SUMMONS

To each Defendant:

YOU ARE SUMMONED and required to file an answer to the complaint in this case, a copy of which is hereto attached, or otherwise file your appearance, and pay the required fee, in the Office of the Clerk of this Court at the following location:

- Richard J. Daley Center, 50 W. Washington, Room \_\_\_\_\_, Chicago, Illinois 60602
- District 2 - Skokie  
5600 Old Orchard Rd.  
Skokie, IL 60077
- District 3 - Rolling Meadows  
2121 Euclid  
Rolling Meadows, IL 60008
- District 4 - Maywood  
1500 Maybrook Dr.  
Maywood, IL 60153
- District 5 - Bridgeview  
10220 S. 76th Ave.  
Bridgeview, IL 60455
- District 6 - Markham 16501  
S. Kedzie Pkwy. Markham,  
IL 60428
- Child Support: 50 W.  
Washington, LL-01,  
Chicago, IL 60602

You must file within 30 days after service of this Summons, not counting the day of service.

IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF REQUESTED IN THE COMPLAINT.

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. If service cannot be made, this Summons shall be returned so endorsed. This Summons may not be served later than thirty (30) days after its date.

Atty. No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Atty. for: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Primary Email: \_\_\_\_\_  
Secondary Email: \_\_\_\_\_  
Tertiary Email: \_\_\_\_\_

Witness: \_\_\_\_\_  
\_\_\_\_\_  
DOROTHY BROWN, Clerk of Court  
Date of Service: \_\_\_\_\_  
(To be inserted by officer on copy left with Defendant or other person)  
\*\*Service by Facsimile Transmission will be accepted at:  
\_\_\_\_\_  
(Area Code) (Facsimile Telephone Number)