

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
COUNTY OF WINNEBAGO

FILE STAMP

Plaintiff
Vs. _____
Defendant

Service Address

Case No. _____

PATERNITY SUMMONS

TO THE DEFENDANT:

YOU ARE HEREBY SUMMONED AND REQUIRED TO APPEAR BEFORE THIS COURT at _____:_____ a.m./p.m. on _____, 20_____ in courtroom _____ located in the Winnebago County Courthouse, 400 West State Street, Rockford, Illinois, to answer the Complaint in this case, a copy of which is attached.

IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT. IF YOU DO NOT APPEAR AS INSTRUCTED IN THIS SUMMONS, YOU MAY BE REQUIRED TO SUPPORT THE CHILD NAMED IN THIS PETITION UNTIL THE CHILD IS AT LEAST 18 YEARS OLD. YOU MAY ALSO HAVE TO PAY THE PREGNANCY AND DELIVERY COSTS OF THE MOTHER.

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 three 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 three days before the day for appearance.

Witness _____, 20 _____

(Seal of Court)

Clerk of the Circuit Court

By _____ Deputy

(Plaintiff's attorney or plaintiff if he is not represented by an attorney)

Name _____

Attorney for _____

Address _____

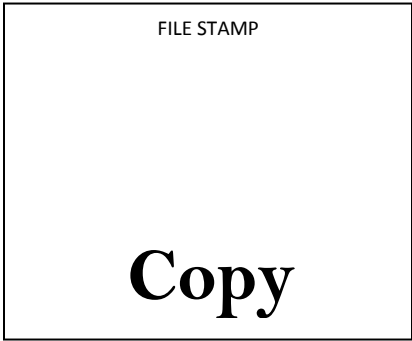
City/State/Zip _____

Telephone _____

Date of Service _____, 20_____

(To be inserted by officer on copy left with defendant or other person)

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By _____ Deputy

(Plaintiff's attorney or plaintiff if he is not represented by an attorney)

Name _____

Attorney for _____

Address _____

City/State/Zip _____

Telephone _____

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