

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

FILE STAMP

Plaintiff
vs.

Case No. \_\_\_\_\_

Defendant

Amount Claimed: \$ \_\_\_\_\_

Service to be made
to: \_\_\_\_\_

SMALL CLAIM SUMMONS

TO THE DEFENDANT \_\_\_\_\_,

YOU ARE HEREBY SUMMONED and required either:

- 1. To appear in person, in courtroom \_\_\_\_\_ of the Winnebago County Courthouse, 400 West State St., Rockford, Illinois at \_\_\_\_\_ o'clock \_\_.M., on \_\_\_\_\_, 20 \_\_\_\_, (if you wish to attempt to resolve your case through mediation\*, you must appear in person on this date), OR
2. To file an Appearance, file an Answer, and pay the filing fee, by yourself or through your attorney at least two full business days prior to the date of the first appearance specified above.

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

\*Mediation is a free and voluntary process between pro se parties only and involves discussing your case with a trained mediator outside of court in an attempt to reach a settlement. If agreement is reached, payment of defendants filing fees is not required.

NOTICE TO DEFENDANT

- 1. This case will not go to trial on the day of appearance, specified above.
2. On the day of appearance, specified above, the following will occur:
A. If you have not obeyed this Summons, a judgment may be entered against you for the relief stated on the Complaint.
B. If you have entered an Appearance, filed an Answer, and paid the filing fee, your case will be set for trial. You must be present and prepared for trial on that date.
C. If you appear, you will be asked to admit or deny the allegations in the complaint. If you deny the allegations in the complaint, a trial date will be set. If a denial is entered, you will be required to file an Appearance, file an Answer, and pay the filing fee within 30 days after the first appearance date. If you are financially unable to pay this fee, you may (within this same 30 day period) petition the court to waive this fee.

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 of 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 date of appearance.

(Seal of Court)

Witness. \_\_\_\_\_ A.D., \_\_\_\_\_

Clerk of the Circuit Court

By: \_\_\_\_\_

Plaintiff's Attorney or Plaintiff,
Name, Address and Telephone Number

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date of Service \_\_\_\_\_, 20 \_\_\_\_
(To be inserted by officer on copy left with defendant or other person)

If you have a disability that requires an accommodation to participate in court, please contact the Court Disability Coordinator at 815-319-4806.