

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17<sup>th</sup> JUDICIAL CIRCUIT  
WINNEBAGO COUNTY, ILLINOIS

\_\_\_\_\_  
Plaintiff(s)

vs.

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

**THIS IS AN ARBITRATION CASE**

\_\_\_\_\_  
Defendant(s)

**ARBITRATION SUMMONS (30 Day)**

To each Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

**YOU HAVE BEEN NAMED A DEFENDANT IN THE COMPLAINT IN THIS CASE, A COPY OF WHICH IS ATTACHED. YOU ARE SUMMONED AND REQUIRED TO FILE YOUR APPEARANCE IN THE OFFICE OF THE CLERK OF THIS COURT, WINNEBAGO COUNTY COURTHOUSE, 400 WEST ST., ROCKFORD, IL 61101, 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 ASKED IN THE COMPLAINT.**

1. Information about the lawsuit:

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

2. Contact Information for the Plaintiff/Petitioner:

Name (*First, Middle, Last*): \_\_\_\_\_

Street Address. Apt #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Contact Information for the Defendant/Respondent:

Name (*First, Middle, Last*): \_\_\_\_\_

Street Address. Apt #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider.

If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/faq/getehelp.asp> or talk with your local circuit clerk's office. If you cannot e-file, you may be able to get an exemption that allows you to file in-person or by mail. Ask your Circuit Clerk for more information or visit [www.illinoislegalaid.org](http://www.illinoislegalaid.org).

If you are unable to pay your court fees, you can apply for a fee waiver. For information about defending yourself in a court case (including filing an appearance or fee waiver), or to apply for free legal help, go to [www.illinoislegalaid.org](http://www.illinoislegalaid.org). You can also ask your local circuit clerk's office for a fee waiver application.

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

**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. This summons may not be served later than three (3) 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 30 days after its issuance.

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WITNESS \_\_\_\_\_

COURT SEAL

\_\_\_\_\_  
Clerk of the Circuit Court

\_\_\_\_\_  
By: Deputy Clerk

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

Name \_\_\_\_\_

Prepared by \_\_\_\_\_

Attorney for \_\_\_\_\_

Attorney Registration No. \_\_\_\_\_

Address \_\_\_\_\_

ARDC No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Service \_\_\_\_\_

E-mail: \_\_\_\_\_

(To be inserted by office on copy left with the employer or other persons)

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