

CIRCUIT COURT OF ILLINOIS

JUDICIAL CIRCUIT

COUNTY

Petitioner's Name (person completing form)
Name(s) of other protected parties

- Independent
Criminal
Juvenile

Check if filing on behalf of:

a minor child, or an adult who because of age, disability, health, or inaccessibility cannot file the petition (list name(s) below)

(file stamp)

vs.

Case # (to be completed by Court)

Respondent's Name (person you want protection from)

If the Respondent is under age 18 and if remedy #4 is ordered the name(s) of minor(s) parents or legal guardian(s)

Notice to school board(s) if remedy #4 is requested

MOTION TO EXTEND AND/OR MODIFY CIVIL NO CONTACT ORDER

I request that the emergency or plenary Civil No Contact Order issued on be extended OR modified OR extension to remain in effect until the order is vacated or modified for the following good cause:

1. Extension when there has been no material change in relevant circumstances 740 ILCS 22/216(c). This motion is not contested and the petitioner seeks no modification of the order. The reasons for the extension are:

2. Modification or Extension when there is a material change in relevant circumstances. There has been a material change of relevant circumstances since the order was issued. The changes of relevant circumstances and the reason for the requested modification or extension are as follows:

The Petitioner requests the following modification:

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3.  Extension requested until the order is vacated or modified for the following good cause:

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Respondents address is unknown. Service by publication is requested (Sec. 2-206 (a) of the Code of Civil Procedure)

The Petitioner prays this motion be set for hearing.

### **VERIFICATION**

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW PURSUANT TO SECTION 1-109 OF THE CODE OF CIVIL PROCEDURE, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS INSTRUMENT ARE TRUE AND CORRECT, EXCEPT AS TO MATTERS HEREIN STATED TO BE ON INFORMATION AND BELIEF AND AS TO SUCH MATTERS THE UNDERSIGNED CERTIFIES AS AFORESAID THAT THE UNDERSIGNED VERILY BELIEVES THE SAME TO BE TRUE.

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**Signature of Petitioner**

Petitioner's Attorney or Petitioner if not represented by an attorney

Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Petitioner's current address:** \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Disclosure of Petitioner's and/or protected party's address would risk further abuse. The address listed above is Petitioner's and/or protected party's alternative address for service of notice.

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Cause set for  status call  hearing on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. in room \_\_\_\_\_

at \_\_\_\_\_ County Courthouse, located at \_\_\_\_\_, Judge \_\_\_\_\_

### **SERVICE**

( ) I certify that I served this motion on Respondent as follows: (Please check appropriate box and complete information below.)

( ) **Individual Respondent – Personal**

By leaving a copy of the motion with named Respondent

\_\_\_\_\_ personally on \_\_\_\_\_.

( ) **Individual Respondent – Abode**

By leaving a copy of the motion at the usual place of abode of named Respondent with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to named Respondent at his usual place of abode.

Name of Respondent \_\_\_\_\_

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

Name of Person Summons given to \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approximate Age \_\_\_\_\_

Date of Mailing \_\_\_\_\_

Place of Service \_\_\_\_\_

( ) Respondent not found in this County.

( ) Service by mailing notice, postage, fully pre-paid on \_\_\_\_\_, at \_\_\_\_\_ am/pm,  
date  
\_\_\_\_\_ and addressed to \_\_\_\_\_,  
Place of mailing Respondent's name Street  
\_\_\_\_\_, \_\_\_\_\_  
City, State Zip

(S.Ct. Rule 11 (b)(3) and 12(b)(3). Service is complete four days after mailing)

( ) I certify that Respondent was served while incarcerated at \_\_\_\_\_

Sheriff \_\_\_\_\_

By Deputy \_\_\_\_\_

Date \_\_\_\_\_

( ) I certify that that a copy of the motion to extend and/or modify the civil no contact order was served on the respondent by mailing in an envelope addressed to respondent at respondents' last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on \_\_\_\_\_ date.

Petitioner \_\_\_\_\_