

**CIRCUIT COURT OF ILLINOIS**

**\_\_\_\_\_ JUDICIAL CIRCUIT**

**\_\_\_\_\_ COUNTY**

\_\_\_\_\_  
**Petitioner's Name** (original petitioner)

vs.

Case # \_\_\_\_\_

(to be completed by Court)

\_\_\_\_\_  
**Respondent's Name** (original respondent)

**MOTION TO TERMINATE  
FIREARMS RESTRAINING ORDER**

I request that the  Emergency Firearms Restraining Order or  Six Month Firearms Restraining Order issued on \_\_\_\_\_ be terminated for the following good cause:

Respondent is entitled to one (1) hearing during the period of the order to request a termination. Respondent shall have the burden of proving by a preponderance of the evidence that he/she does not pose a danger of causing personal injury to him/her self, or another in the near future by having in his or her custody or control any firearms, ammunition, or firearm parts that could be assembled to make an operable firearm and purchasing, possessing, or receiving additional firearms, ammunition, or firearm parts that could be assembled to make an operable firearm. *(provide information below)*

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The Respondent prays this motion be set for hearing.

\_\_\_\_\_  
**Signature of original Respondent**

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

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

Number \_\_\_\_\_ Address \_\_\_\_\_

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

**Petitioner's current address:** \_\_\_\_\_

\_\_\_\_\_  
Cause set for 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 original Petitioner as follows: (Please check appropriate box and complete information below.)

( ) **Individual Petitioner – Personal**

By leaving a copy of the motion with named original Petitioner \_  
personally on \_\_\_\_\_.

( ) **Individual Petitioner– Abode**

By leaving a copy of the motion at the usual place of abode of named original Petitioner with a person of his/her 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 original Petitioner \_

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

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

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

Date of Mailing \_\_\_\_\_ Place  
of Service \_\_\_\_\_

- ( ) Original Petitioner not found in this County.
- ( ) Service by mailing notice, postage, fully pre-paid on \_\_\_\_\_, at \_\_\_\_\_ am/pm,  
date  
\_\_\_\_\_ and addressed to \_\_\_\_\_,  
Place of mailing original Petitioner's name Street,  
\_\_\_\_\_, \_\_\_\_\_  
City, State Zip

(S.Ct. Rule 11 (b)(3) and 12(c)(4). Service is complete four days after mailing)

- ( ) I certify that original Petitioner was served while incarcerated at \_\_\_\_\_

Sheriff \_\_\_\_\_

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

Date \_\_\_\_\_

- ( ) I certify that that a copy of the motion to terminate firearms restraining order was served on the original petitioner by mailing in an envelope addressed to original petitioner at original petitioners' last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on \_\_\_\_\_ date.

Original Respondent\_