



PROOF OF SERVICE OF NOTICE TO PRESUMED PARENT (BY SHERIFF)

(PARENTAGE)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

County Where You Are Filing the Case

PETITIONER: _____

Who is starting the case. First, Middle, Last Name

RESPONDENT: _____

Who the case is filed against. First, Middle, Last Name

Case Number _____



Do not complete the rest of the form. **The sheriff or special process server will fill in the form.**

Give them one copy of this blank *Proof of Service* form for each presumed parent who will be served.

My name is _____ and I state:

Officer/Process Server First, Middle, Last Name

SERVICE INFORMATION

Presumed Parent: _____

First, Middle, Last Name

I was not able to serve the *Notice to Presumed Parent* on the person named above.

- or -

I served the *Notice to Presumed Parent* on the person named above as follows:

Personally:

Male Female Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ a.m. p.m.

Address, Unit#: _____

City, State, ZIP: _____

On **someone else at the person's home** who is at least 13 years old and is a family member or lives there:

Name of person served: _____

First, Middle, Last Name

Male Female Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ a.m. p.m.

Address, Unit#: _____

City, State, ZIP: _____

and by sending a copy to the person to be served in a postage-paid, sealed envelope to the above address on this date: _____.

SERVICE ATTEMPTS

I made the following attempts to serve the *Notice to Presumed Parent*:

First Attempt: On this date: _____ at this time: _____ a.m. p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

Second Attempt: On this date: _____ at this time: _____ a.m. p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

Third Attempt: On this date: _____ at this time: _____ a.m. p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:



SIGN

I certify under [735 ILCS 5/1-109](#) that:

- 1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and
- 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

Your Signature /s/ _____ Print Your Name _____

You are: Sheriff in Illinois

Special process server

Sheriff outside Illinois: _____

Licensed private detective, license number: _____

County and State

License number

FEES:

Service and Return: \$ _____ Miles: \$ _____ Total: \$ _____