CIRCUIT COURT OF ILLINOIS

_____JUDICIAL CIRCUIT

_____COUNTY

Petitioner's Name (person completing form)

Name(s) of other protected parties

☐ Independent
☐ Criminal
☐ Juvenile

(file stamp)

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)*

Case # _____
(to be completed by Court)

vs.

Respondent's Name
(person you want protection from)

MOTION TO EXTEND AND/OR MODIFY
STALKING NO CONTACT ORDER

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

1. Extension when there has been **no material change** in relevant circumstances (740 ILCS 21/105(3)(c)).
☐ 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: _____

_____
_____

3. ☐ Permanently extend the Plenary Stalking No Contact Order if entered in conjunction with a criminal prosecution and a judgment of conviction for stalking has been entered pursuant to (740 ILCS 21/105(b)(3)).

The Petitioner requests the following modification: _____
_____
_____

☐ Respondents address is unknown. Service by publication is requested (Sec. 2-206 a 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.

_____
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.

_____

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   _____

Gender: _____   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 _____ ☐ a.m. ☐ p.m.
                          date
    _____ and addressed to _____, _____,
      Place of mailing   Respondent's name   Street

    _____, _____.
      City, State   Zip
(Supreme Court Rule 11(c)(2)(iii) and 12(b)(5). 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 stalking 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 _____