



WRIT OF HABEAS CORPUS

Illinois Department of Human Services

IN THE STATE OF ILLINOIS, CIRCUIT COURT OF THE
_____ JUDICIAL CIRCUIT

COUNTY: _____

_____ **Case Number**

PLAINTIFF/PETITIONER: _____

First, Middle, and Last Name

v.

DEFENDANT/RESPONDENT: _____

First, Middle, and Last Name

_____ **Honorable**

IT IS ORDERED that the Administrator of _____ Mental Health Center shall cause

_____ to appear on _____ at _____ AM / PM as follows:

Individual's name and IDHS number

Date (month, day, year)

Time

IN PERSON WRIT: The individual shall be transported on the above date to appear in Courtroom #_____

of the _____.
Name and Address of Courthouse

The individual is to be dressed in **clothing appropriate for trial**.

VIDEO WRIT: The individual shall appear **remotely** from the Illinois Department of Human Services video conference location via the link below:

Video Conference Website

ENTERED: _____
Judge

_____ *Date (month, day, year)*

If you refuse to appear, the court may proceed in your absence.

If the subject of this Writ refuses to appear in court, fill in the information below and email this document immediately to:

Email address: _____

REFUSAL DOCUMENTATION

The Illinois Department of Human Services, by its authorized agent(s), _____, certifies all reasonable efforts were made to execute this Writ. The subject of the Writ refuses to appear in court.

Signature of subject refusing to appear: _____

If subject refuses to sign, state so on the line above.

Name(s): _____ Badge Number(s): _____
Printed Name(s) of DHS Staff *If Applicable*

Date: _____ Time: _____

Upon refusal to appear, return this completed Writ to the court immediately at the email address above.