



# WRIT OF HABEAS CORPUS

Illinois Department of Human Services

IN THE STATE OF ILLINOIS, CIRCUIT COURT OF THE  
\_\_\_\_\_ JUDICIAL CIRCUIT

COUNTY: \_\_\_\_\_

PLAINTIFF/PETITIONER: \_\_\_\_\_  
*First, Middle, and Last Name*

v.

DEFENDANT/RESPONDENT: \_\_\_\_\_  
*First, Middle, and Last Name*

Case Number

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.**