CIRCUIT COURT OF ILLINOIS

	JUDICIAL CIRCUIT		
	COUNTY		
Petitioner's Name (person completing form) Name(s) of other protected parties	☐ Independent ☐ Criminal ☐ Juvenile		
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)	(file stamp)		
VS.	Case #		
Respondent's Name (person you want protection from	(to be completed by Court)		
If the Respondent is under age 18 and if remedy is ordered the name(s) of minor'(s) □ parents or legal guardian(s) □ Notice to school board(s) if remedy #4 is requested MOTION TO EX			
	O CONTACT ORDER		
I request that the □ emergency or □ plenary C □ extended OR □ modified OR □ extension to the following good cause:	ivil No Contact Order issued onbe to remain in effect until the order is vacated or modified for		
	change in relevant circumstances (740 ILCS 22/216(c)). ner seeks no modification of the order. The reasons for the		
	naterial change in relevant circumstances. It circumstances since the order was issued. The changes of equested modification or extension are as follows:		
The Petitioner requests the following modificat	tion:		

Form approved by the Conference of Chief Circuit Judges. Effective December 6, 2024
Use required after January 1, 2025

3. □ Extension requested until the order is vacated or modified for the following good cause:						
□ Respondents address is unknown. Service by publication is requested (Sec. 2-206 (a) of the Code of Civil Procedure)						
The Petitioner prays this motion be set for hearing.						
<u>VERIFICATION</u>						
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 atCounty 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 .						

Ν	Name of Respondent _			
Γ	Date of Service		Time	_
N	Name of Person Sumn	nons given to		
(Gender	Race	Approximate Age	
Γ	Date of Mailing			
P	Place of Service			_
()	Respondent not for	und in this County.		
()	Service by mailing	notice, postage, fully pre-p	oaid on, at	am/pm,
	Place of mailing	and addressed to	Respondent's name	Street
(Supr	City, State eme Court Rule 11(c)(2)(i	Zip iii) and 12(b)(5). Service is comp	lete four days after mailing)	
()	I certify that Respo	ondent was served while inc	carcerated at	
			Sheriff	
			By Deputy	
			By Deputy	
()	the respondent by with postage full p	mailing in an envelope addı	Dateand and/or modify the civil no	o contact order was served on ondents' last known address

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

Individual Respondent – Abode