

Sheriff's Return
ILLINOIS DOMESTIC VIOLENCE
***Attach copy of Interim Order of Protection**

I certify that I served this Interim Order of Protection on respondent(s) as follows:
(Check appropriate box and complete information)

_____ (a) Individual respondent(s) – personal:

By Leaving a copy and a copy of the petition and order with each Individual respondent personally.

_____ (b) Individual respondent(s) – abode:

By leaving a copy and a copy at the usual place of abode of each individual respondent with a person of his/her family, of the age of 13 years or upwards, informing that person of the Interim Order of Protection in a sealed envelope with postage fully prepaid, addressed to each individual respondent at his/her usual place of abode.

_____ (c) Other Service: _____

Name of Respondent _____

Name of person Interim Order of Protection given to _____

Sex _____ Race _____ Approximate Age _____

Place of service _____

Date of Service _____ Time _____ AM/ PM

Date of Mailing _____

Name of Respondent _____

Name of person Interim Order of Protection given to _____

Sex _____ Race _____ Approximate Age _____

Place of Service _____

Date of service _____ Time _____ AM / PM

Date of Mailing _____

Fees _____ Sheriff of _____ County

Mileage _____

Total _____ By: _____ Deputy