

**Sheriff's Return**  
**ILLINOIS DOMESTIC VIOLENCE ACT**  
**\*Attach copy of Plenary Order of Protection**

I certify that I served this Plenary 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 Plenary 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 Plenary 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 Plenary 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