

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