

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 # (to be completed by Court)

Respondent's Name (person you want protection from)

If the Respondent is under age 18 and if remedy #4 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 EXTEND AND/OR MODIFY CIVIL NO CONTACT ORDER

I request that the emergency or plenary Civil No Contact Order issued on be extended OR modified OR extension to remain in effect until the order is vacated or modified for the following good cause:

1. Extension when there has been no material change in relevant circumstances 740 ILCS 22/216(c). This motion is not contested and the petitioner seeks no modification of the order. The reasons for the extension are:

2. Modification or Extension when there is a material change in relevant circumstances. There has been a material change of relevant circumstances since the order was issued. The changes of relevant circumstances and the reason for the requested modification or extension are as follows:

The Petitioner requests the following modification:

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.

VERIFICATION

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 _____

at _____ County 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 _____.

