

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT  
MARION COUNTY, ILLINOIS**

\_\_\_\_\_  
Plaintiff  
  
VS  
  
\_\_\_\_\_  
Defendant

**RETURN DATE:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**AMOUNT CLAIMED \$** \_\_\_\_\_

**SUMMONS IN FORCIBLE ENTRY AND DETAINER**

**To Each Defendant:**

**YOU ARE SUMMONED AND REQUIRED TO APPEAR** at the Marion County Courthouse at 100 East Main Street, Courtroom \_\_\_\_\_, Salem, Illinois at \_\_\_\_ o'clock, \_\_\_\_ .M., on\* \_\_\_\_\_, 20 \_\_\_\_, to answer the complaint in this case, a copy of which is hereto attached.

**IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU  
FOR THE RELIEF ASKED IN THE COMPLAINT.**

**To the Officer:**

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service and not less than three (3) days before the date of appearance. If service cannot be made, this summons shall be returned so endorsed.

**This summons may not be served later than three (3) days before the date of appearance.**

WITNESS \_\_\_\_\_, 20 \_\_\_\_

(Seal of Court)

\_\_\_\_\_  
(Clerk of the Marion County Circuit Court)

Attorney or Party, if not represented by an attorney  
Name \_\_\_\_\_  
ARDC # \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Date of Service: \_\_\_\_\_, 20 \_\_\_\_

(To be inserted by officer on copy left with defendant or other person)

\*(Defendant must appear not less than seven (7) nor more than forty (40) days after issuance of the summons)

**RONDA YATES, CLERK OF THE CIRCUIT COURT OF MARION COUNTY**