CC-370

FILE STAMP

For service to be made to: _____

_____

_____

Case Number _____

AFFIDAVIT OF SERVICE

Pursuant to: [ ] the Illinois Domestic Violence Act (750 ILSC 60/101 et seq.);
[ ] the Stalking No Contact Order Act (740 ILSC 21/1 et seq.); or
[ ] the Civil No Contact Order Act (740 ILSC 22/101 et seq.)

State of Illinois

County of Winnebago

_____, **being first duly sworn, on oath says that on this**
(Your Name)

_____ **day of** _____, **20** _____, **at** _____ _____
(Day) (Month) (Year) (Time) (a.m. / p.m.)

[ ] I personally served, _____

at _____, _____, _____ _____
(Address of Service) (City) (State) (Zip Code)

by personally delivering copies of the following documents:

(Check all that apply)

_____ **Summons or Alias Summons**
_____ **Verified Petition for Order of Protection, SNC Order or CNC Order***
_____ **Emergency Order of Protection**
_____ **Plenary Order of Protection**
_____ **Order extending or modifying Emergency or Plenary Order of Protection**
_____ **Order vacating Emergency or Plenary Order of Protection**
_____ **Other** _____

* Abbreviations for Stalking No Contact (SNC) and Civil No Contact (CNC).

[ ] Non- Service

The undersigned certifies, under the penalties of perjury as provided by law, pursuant to section 735 ILCS 5/1-109 of the Illinois Code of Civil Procedure that the above statements are true and correct.

Dated: _____ **Name:** _____