

PROOF OF SERVICE (By Individual)

(Check appropriate box and complete information below)

THE UNDERSIGNED ON OATH STATES:

I am over 18 years of age and not a party to this case. I served the RULE TO SHOW CAUSE as follows:

1. (A) on _____, defendant/respondent by leaving a copy with him/her personally on _____, _____, at _____ am/pm at the address of _____, Illinois.

(B) on _____, defendant/respondent by leaving a copy on _____, _____, at _____ am/pm at _____ Illinois, his/her usual place of abode with _____ a person of his/her family of the age of 13 years or upwards, informing that person of the contents of the RULE TO SHOW CAUSE and also by sending on _____, _____, a copy of the RULE TO SHOW CAUSE in a sealed envelope with postage fully prepaid addressed to the defendant/respondent at his/her usual place of abode.

2. I served the within RULE TO SHOW CAUSE on _____ defendant/respondent by mailing a copy on _____, _____, by prepaid U.S. Certified or registered mail addressed to defendant/respondent, delivery restricted to addressee only, return receipt requested. The return receipt signed by addressee is attached.

(Attach receipt here)

Signed and sworn to before me

Notary Public

(Signature)

PROOF OF SERVICE (By Sheriff)

(Check appropriate box and complete information below)

I certify that I served the within RULE TO SHOW CAUSE as follows:

(A) on _____, defendant/respondent by leaving a copy with him/her personally on _____, _____, at _____ am/pm at the address of _____, Illinois.

(B) on _____, defendant/respondent by leaving a copy on _____, _____, at _____ am/pm at _____ Illinois, his/her usual place of abode with _____ a person of his/her family of the age of 13 years or upwards, informing that person of the contents of the RULE TO SHOW CAUSE and also by sending on _____, _____, a copy of the RULE TO SHOW CAUSE in a sealed envelope with postage fully prepaid addressed to the defendant/respondent at his/her usual place of abode.

SHERIFF'S FEES

Service and Return.....\$ _____ Sheriff of
Miles _____ County
Total\$ _____ By _____ Deputy