

SAMPLE

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, 1st DISTRICT

Name of party suing (your name)
Plaintiff

v.

Name of person or party being sued
Defendant

Case No. Given by cashier

Amount Claimed \$ print amount

Return Date given by clerk's office

Trial Date given by clerk's office

Court Room 1308 Time 9:30 am

PRO SE COMPLAINT

The Plaintiff states that he/she has a claim against the Defendant in the amount of \$ print amount and court costs. The claim arose on or about date of occurrence as a result of the following events: describe what happened - who, what, where and when

The Plaintiff has demanded payment of said sum and the Defendant has refused to pay the same and no part thereof has been paid.

Defendant resides at address of person or party being sued Phone party sued phone #

Plaintiff resides at your address Phone your phone #

The Plaintiff on oath states that the allegations of this complaint are true and that he/she has not filed more than three (3) complaints in this court within the last year.

The undersigned above certifies that the statements set forth above are true and correct.

your signature
Plaintiff

[Under penalties as provided by law pursuant 735 ILCS 5/1-109.]

SUMMONS

TO THE ABOVE NAMED DEFENDANT - YOU ARE SUMMONED AND REQUIRED:

1. To file, or have your attorney file, a written appearance in Room 602, Daley Center, 50 West Washington, Chicago Illinois, by 9:30 A.M., on above return date
2. The case will be referred to a mediator for settlement. If the case is not settled, the matter will be set for trial at 9:30 A.M. the same day.
3. To bring any witnesses, documents, photographs, repair bills and estimates you have to support your claim or defense.
4. An answer is not required unless ordered by the Court.
5. IF YOU FAIL TO APPEAR, A JUDGMENT WILL BE ENTERED AGAINST YOU FOR THE AMOUNT ASKED IN THE COMPLAINT PLUS COSTS.

Witness _____

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Clerk of Court