

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS

_____,)
Petitioner,)
Names of Other Protected Parties:)
_____;)
_____,) Independent
Check if filing on behalf of:) Criminal
_____) Juvenile
A Minor Child; or An Adult Who)
because of age, disability, health or)
inaccessibility cannot file the petition) Case No. _____
(list name or names below))
_____;)
_____.)
vs.)
_____,)
Respondent.)
(Person you want protection from).)

VERIFIED PETITION FOR STALKING NO CONTACT ORDER

Petitioner Information

Name: _____
Address: _____ City _____ State _____ Zip Code _____
(Street/P.O. Box)

_____ Disclosure of Petitioner's and/or protected party('s) address would risk further harm. The address listed above is Petitioner's and/or protected party('s) alternative address for service of notice.

Other protected persons (persons to be included in the Stalking No Contact Order), in addition to the Petitioner are:

Name: _____
Address: _____ City _____ State _____ Zip Code _____
(Street/P.O. Box)

Name: _____
Address: _____ City _____ State _____ Zip Code _____
(Street/P.O. Box)