

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Petitioner (original petitioner)		Case No. _____
v.		(to be completed by court)
Respondent (original respondent)		

MOTION TO TERMINATE FIREARMS RESTRAINING ORDER

I request that the _____ Emergency Firearms Restraining Order or _____ Plenary Firearms Restraining Order issued on _____ be terminated for the following good cause:

Respondent is entitled to one (1) hearing during the period of the order to request a termination. Respondent shall have the burden of proving by a preponderance of the evidence that they do not pose a danger of causing personal injury to themselves, or another in the near future by having in their custody or control, purchasing, possessing, or receiving a firearm, ammunition, and firearm parts that could be assembled to make an operable firearm. *(provide information below)*

The Respondent prays this motion be set for hearing.

/s/ _____
Signature of original Respondent

Atty. No.: _____ ARDC No.: _____

Atty Name: _____

Atty. for: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Primary Email: _____

Petitioner's current address:

Cause set for hearing on _____ at _____ AM PM in room _____

at _____ County Courthouse, located at _____ ,

Judge _____

SERVICE

I certify that I served this motion on original Petitioner as follows: (Please check appropriate box and complete information below.)

Individual Petitioner – Personal

By leaving a copy of the motion with named original

Petitioner _____ personally on _____ .

Individual Petitioner– Abode

By leaving a copy of the motion at the usual place of abode of named original Petitioner with a person of his/her family, of the age of 13 years or upwards, informing that person of the contents and also sending a copy of the summons in a sealed envelope with postage fully prepaid, addressed to named Respondent at his usual place of abode.

Name of original Petitioner _____

Date of Service _____ AM PM

Name of Person Summons given to _____

Sex _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

Original Petitioner not found in this County.

Sheriff _____

By Deputy _____

Date _____

Service by mailing notice, postage, fully pre-paid on _____ at _____ AM PM

_____ and addressed to _____

Place of mailing original Petitioner’s name

_____, _____, _____
Street City/State Zip

(S.Ct. Rule 11 (b)(3) and 12(c)(4). Service is complete four days after mailing)

I certify that original Petitioner was served while incarcerated at _____

I certify that that a copy of the motion to terminate firearms restraining order was served on the original petitioner by mailing in an envelope addressed to original petitioner at original petitioners’ last known address with postage full prepaid and by depositing said envelope in a U.S. Post Office mail box on _____

Original Respondent _____