IN THE NAME OF THE PEOPLE OF THE STATE OF ILLINOIS

_____	)	
PLAINTIFF	)	
VS.	)	
	)	
ILLINOIS DEPARTMENT OF EMPLOYMENT	)	NO. _____
SECURITY, an administrative agency in the	)	
State of Illinois: DIRECTOR OF THE ILLINOIS	)	
DEPARTMENT OF EMPLOYMENT SECURITY:	)	
BOARD OF REVIEW an administrative agency in the	)	
State of Illinois:	)	
_____ employer	)	
DEFENDANTS	)	

SUMMONS IN ADMINISTRATIVE REVIEW

To each defendant:

YOU ARE SUMMONED and required to file an answer in this case or otherwise file your appearance in the office of the clerk of this court located at 18 North County Street, Waukegan, Illinois, within 35 days after the date of this summons.

WITNESS _____ 20 _____

_____

NAME _____

ADDRESS _____

CITY _____

TELEPHONE _____

CERTIFICATE OF MAILING

On _____, 20 _____, I sent by registered mail a copy of this summons to each defendant addressed as follows:

DEFENDANT	ADDRESS
Board of Review	33 South State Street Chicago, Illinois 60603
Director of the Illinois Department of Employment Security	33 South State Street Chicago, Illinois 60603
_____ (Employer)	_____ _____

Dated _____, 20 _____

_____

Clerk of Court