IN THE JUDICIAL DISTRICT

DISTRICT COURT OF COUNTY, KANSAS

[SITTING AT ]

*(Name of city, if more than one court location in county)*

 , )

Plaintiff, )

V ) Case No. \_\_\_\_\_\_\_\_\_

 , )

Defendant. )

Proceeding Pursuant to K.S.A. Chapter 60

**SUMMONS**

(Insurance company or fraternal benefit society served under K.S.A. 40-218)

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Defendant’s name )*

 A civil lawsuit has been filed against you.

 Within 40 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached petition or a motion under K.S.A. 60-212. Under Kansas Supreme Court Rule 113, you may seek from the clerk of the court an extension of up to 14 additional days to serve and to file an answer or a K.S.A. 60-212 motion.

If you fail within 40 days to serve and to file an answer or a K.S.A. 60-212 motion or obtain a Rule 113 extension, the court may enter default judgment against you for the relief demanded in the petition.

The answer or K.S.A. 60-212 motion must be served on the plaintiff’s attorney, or the plaintiff if plaintiff has no attorney, at the following address:

*(Attorney’s name or Plaintiff’s name)*

*(Attorney’s address or Plaintiff’s address)*

You also must file your answer or K.S.A. 60-212 motion with the court.

When you file an answer, you must state as a counterclaim(s) any related claim(s) that you may have against the plaintiff. If you fail to do so, you will thereafter be barred from making such claim(s) in any other action.

Date Clerk of the District Court.

Clerk’s Seal By

 Clerk or Deputy

**CERTIFICATE OF SERVICE ON THE COMMISSIONER OF INSURANCE**

I certify that I served the original of this summons and two copies of the summons and petition and

*(Insert name of any other documents served)*

on the Commissioner of Insurance or the Commissioner’s designee, in the following manner:

[ ]  Personal Service - on the day of , 2 , by delivering documents to the above-named person.

  *(Signature)*

[ ]  Certified Mail, Return Receipt Requested - by causing to be delivered on the day of , 2 , the documents by certified mail, return receipt requested, to the Commissioner of Insurance at the following address:

 .

 *(Clerk or Deputy)*

**RETURN OF SERVICE OF SUMMONS ON AN INSURANCE COMPANY**

**OR FRATERNAL BENEFIT SOCIETY**

I certify that:

I received this summons and two copies of the summons and the petition and

*(Insert name of any other documents served)*

on ;

*(Date of receipt)*

I forwarded a copy of the documents on the on the day of , 2 , by certified mail, return receipt requested, to the following:

*(Names and address of each person to whom copies were forwarded)*

Date Commissioner of Insurance

Seal of Commissioner

of Insurance By:

 Title:

Authority

 K.S.A. 40-218.