		THE JUDICIAL DISTRICT DURT OF COUNTY, KANSAS
	-	Name of city, if more than one court location in county)
V	Plaintiff,) Defendant.)	Case No
Proce	eding Pursuant to K.S.A. Chapt	ter 60
	(Insurance company o	SUMMONS r 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.

Rev. 12/2022 KSJC

	The answer or K.S.A. 60-212 motion must be	served on the plaintiff's attorney, o
the pla	aintiff 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. 60-2	12 motion with the court.
	When you file an answer, you must state as a	counterclaim(s) any related claim(s
that y	ou may have against the plaintiff. If you fail to	do so, you will thereafter be barre
from r	naking 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

	fy that I served the original of this summons and two copies of the summons and on and
on the	(Insert name of any other documents served) e Commissioner of Insurance or the Commissioner's designee, in the following
mann	er:
	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:
	<u> </u>
	(Clerk or Deputy)

RETURN OF SERVICE OF SUMMONS ON AN INSURANCE COMPANY OR FRATERNAL BENEFIT SOCIETY

I certify that:

(Insert name of any other documents	(Insert name of any other documents served)			
On(Date of receipt)	· ,			
I forwarded a copy of the do	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)				
te	Commissioner of Insurance			
al of Commissioner				
nsurance	Ву:			
	Title:			

Authority

K.S.A. 40-218.