IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT WILL COUNTY, ILLINOIS

)

JOHN NORTON,

Plaintiff,

v.

Leonard McCubbin Jr.,

Defendant.

21 JUN 17 PM 2:32 CLERK, CIRCUIT COURT Case No:

COMPLAINT

NOW COMES Plaintiff, JOHN NORTON, to bring this suit, and, in support of his Complaint, NORTON states as follows:

INTRODUCTION PARTIES

1. Plaintiff:

i. JOHN NORTON is a citizen of Wesley Township in Will County, Illinois and is a Private Citizen and not in a Position of Authority or an Elected Official as of May 15, 2017 to present;

2. Defendant;

i. Defendant Leonard McCubbin Jr. is a resident of Wesley Township, located in Will County;

FACTS COMMON TO EACH COUNT

3: Upon information and belief, the Defendant has undertaken a campaign to prevent the Plaintiff from enjoining his granted rights as defined in 735 ILCS 110/1, commonly referred to as the Citizens Participation Act;

4: Upon information and belief, the Defendant directly and indirectly used social media to intimidate and discourage the Plaintiff from attending township meetings and utilize township properties, such as the 06/21 township park; 6: 28 WCCH

5: that the Defendant has had numerous Orders of Protection granted

6: that Plaintiff Norton has grave concerns for his personal safety from the Defendant due to the actions of the Defendant and his previous history with this Court;

COUNT I –

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7: On or about 13 June 2019 at 20:29 Hours, Defendant McCubbin committed an Act of Battery against the Plaintiff, resulting in bodily harm that required medical attention at Riverside Hospital located in Kankakee, Illinois, and that such Act was captured on video tape from two camera angles, located in the office spaces of Wesley Township Hall. (Exhibit A and B);

I: Plaintiff Norton was standing outside the township hall when he heard his daughter, Sarah Norton, Wesley Township Clerk, in a loud voice, telling defendant McCubbin to leave the office space so she could complete her duties;

II: Plaintiff Norton entered thru the front door, believing his daughter, Sarah Norton, Wesley Township Clerk, was under duress by an unknown person, and asked "What's going on?":

III: Upon entering the front hallway, Defendant McCubbin ran up and got within six (6) inches of the Plaintiff's face;

IV: Plaintiff Norton immediately placed his hands behind his back, as seen in Exhibit 1 video, and said "Shut up, Lenny";

V: Plaintiff Norton attempted to pass on the Defendants left side in order to avoid a conflict;

VI: Defendant McCubbin turned and struck Plaintiff Norton, with his right fist, contacting with Plaintiff Norton's head at the base of the skull on his left side (Video Time Index 21:29:35 EST);

VII: Plaintiff Norton took several steps forward, with his hands still behind his back and told the Wesley Township Clerk to call the Police;

VIII: Witness Sarah Norton stated in Open Court, in Case No: 2019OP1200, as to what she observed, relating to Defendant McCubbins actions, and confirmed in her testimony that Defendant McCubbin's actions was that of an unprovoked attack upon the Plaintiff;

COUNT II –

8: that Michael Esposito, witness for Defendant McCubbin in Case No. 2019OP1200, did commit perjury to the effect that he stated, in Open Court, that he witnessed the events between Plaintiff Norton and Defendant McCubbin on 13 June 2019, when in fact, he was standing outside the township hall, next to his vehicle, smoking a cigarette, during the time of the alleged Battery upon the Plaintiff (Video Time Index 21:29:35 EST of Exhibit C);

9: Three (3) videos and other evidence were presented in and to the Court, in case number 2019OP1200 (Exhibits A, B and C); 10: that Defendant McCubbins's request for an Order of Protection was DENIED;

11: that the Defendant filed for such Order in an attempt to deter and intimidate the Plaintiff from pursuing criminal charges and/or any future civil case;

12: Attorney Robert Hanlon was representing Defendant McCubbin during the trial:

WHEREFORE, PAINTIFF, NORTON, respectfully asks this Honorable Court to grant the following relief:

- i. Enjoin the Defendant from participating in or making further attempts to dissuade, impede or hinder Plaintiff Norton from his granted rights under the 735 ILCS 110/1;
- ii. Award Plaintiff John Norton monetary damages in an amount to be determined at trial against the Defendant in an amount of at least \$45,000 or such other amount required for jurisdiction of this case;
- iii. Plaintiff be awarded punitive damages from the defendant;
- iv. That the Plaintiff have such other or further relief as this Court deems just, equitable or necessary.
- iv. Order Defendant to pay civil penalties;
- v. Award Plaintiff reasonable attorneys' fees if Plaintiff hires an attorney for this cause, and costs;

vii. Award such other relief the Court considers appropriate;

viii. Award Plaintiff court filing fees.

RESPECTFULLY SUBMITTED,

JOHN NORTON

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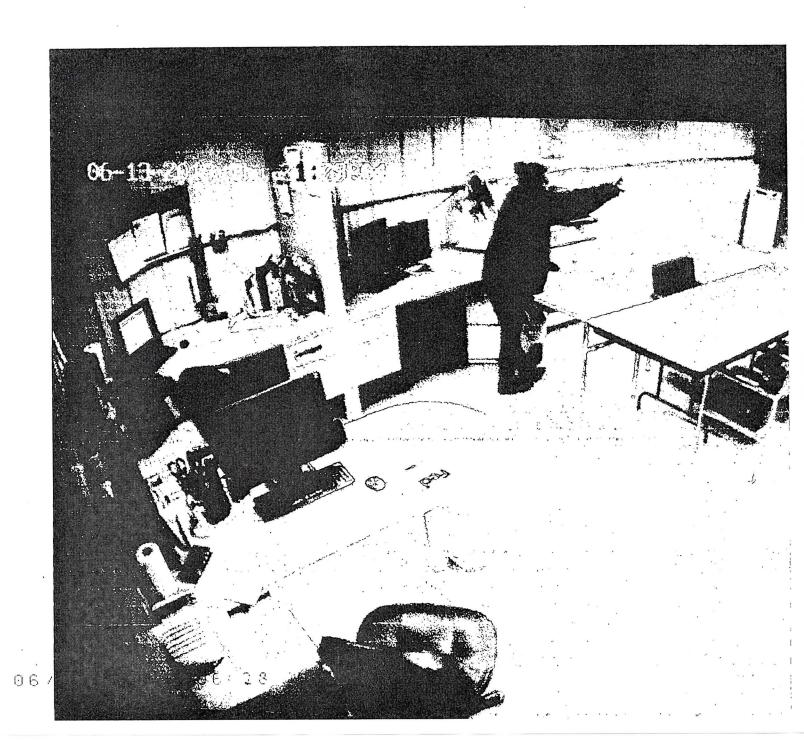
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Exhibit C Security Camera Video 3



Exhibit A Security Camera Video 1



. This form is	approved by the III	linois Supreme Court and is required to be accep	
		APPLICATION FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being charged as Defendant/Respondent. Enter the Case Number given by the	v.	NORTON ioner (First, middle, last name) CORCUBBLY TR spondent (First, middle, last name)	21 JUN 17 PM 2: 32 CLERK. CIRCUIT COURT WILL COUNTY. ILLINOIS 2021 APR 000549 Case Number
Circuit Clerk or leave this blank if you do not have one.	Defendant /Re	spondent (First, middle, last name)	Case Number
In 1a, enter your full name In 1b, only enter the year you were born. DO NOT enter your entire date of birth. In 1c, enter your complete current address. In 2a, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially. In 2b, enter the number of people under age 18 living in your house	 I believe I of following in a. Name: b. Year of c. Street A City, Sta I am provid a. I suppor b. I suppor I am receive Yes of Yes 	First Middle Birth: 20 FEB 65 address: 1634 RoBERT 57 ate, ZIP: 1634 RoBERT 57 ing the following information about people t 0 adults (not counting myself) with t 0 children under 18 who live ing 1 or more of the benefits listed below:	ise and I am providing the <u>NOBTOM</u> Last <u>IL 60481</u> who live with me: who live with me. with me.
living in your house who you support. In 3, check "Yes" if you are currently receiving 1 or more of the benefits listed below. If you check "Yes" in 3, skip 4 and sign the form. You do not have to complete 4.	• Ter • SN • Ger Ass **If y	nporary Assistance to Needy Families (TANF) AP (Food Stamps) neral Assistance (GA), Transitional Assistance sistance you answered "Yes" in section 3, you qualif <u>5 5/5-105(a)(2)(i) and (b)(1)</u> . You can skip sec	y for a fee waiver under

	Enter the Case Number given by the Circuit Clerk:	
In 4a, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.	 4. I checked "No" in section 3, so I am providing the following financial info a. I have a pending application for 1 or more of the benefits listed in section Yes No 	
In 4b, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.	 b. I received the following money in the past month. (check all that apply) My employment: \$ Social Security (not SSI): Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (list type and amount): No income 	\$ \$ \$ \$
4c, include any money received from family or friends.	Total of all money received in the past month: <u>\$</u> c. I received the following total amount of money in the past 12 months. (che	ck all that apply)
In 4c, check the box for each type of money you have received in the past 12 months. Also enter the gross (before taxes) amount for each type.	 My employment: \$ Social Security (not SSI): Child support: \$ Unemployment: Pension: \$ Money from other household members: Other (<i>list type and amount</i>): Wo income Total of all money received in the past 12 months: \$ 	\$ \$ \$ \$
In 4d, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.	d. My current monthly debts and expenses are listed below. (check all that apple from the second	oly)
, M	 Other expenses not listed above (list type and amount): Other debts not listed above (list type and amount): 	\$
· ·	I have no expenses. Total of all expenses: \$ per month	\$

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	Enter the Case	Number given by the Circuit Clerk:
In 4e, check all of the items owned by you and list the value of each item: If you own real estate, include the total you owe on any montgage.	Other real estate, not includ The total I owe on n	btaling: s hy home mortgage is: ding the house I live in, worth: hy other mortgage is: \$
	 1st vehicle worth: \$ 2nd vehicle worth: \$ Other (<i>list items and value</i>) None of the above 	
Under Illinois Supreme Court Rule <u>137</u> , your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.	Ist Monton Hoursideature TOHA NORTON Print Your Name	J& JY ROBRET Street Address WILLANING-TOXY JL GOY City, State, ZIP
If you are completing this form on a computer, sign your name by typing it. If you are completing it	Relationship to Minor or Incompetent Adult (if applicable)	Telephone
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	I agree to receive court documents	at this email address during my entire case.
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••• · This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

	LINOIS,	ORDER FOR WAIVER OF COURT FEES	For Court Use Only
Instructions - Directly above, enter	·		121 JUN 17 PH 2:32
the name of the county where the case was filed.	JAHA	1	CLERK. CIRCUIT COURT WILL COUNTY. ILLINOIS
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.	Plaintiff / Petiti	ioner (First, middle, last name)	
Enter the name of the person being sued as Defendant/Respondent.	v.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	LEGNA Defendant/Re	espondent (First, middle, last name)	2021 AR 000549 Case Number
Enter your full name as "Applicant."	Applicant Na	me: JOHK E First Middle	Last
DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.	 1. X The (che) a. b. c. 2. □ The 	 ving reviewed the Application for Waiver of applicant qualifies for a full (100%) waiver of ck only one): The applicant receives means-based gove of the following programs: Supplemental Security Income (S Aid to the Aged, Blind and Disable Temporary Assistance for Needy SNAP(Food Stamps) General Assistance (GA), Transiti Family Assistance OR The applicant's personal income is 125% established by the U.S. Department of He Applicant's non-exempt assets under 735 735 ILCS 5/12-1001 are such that the ap or charges; OR Payments of fees, costs, and charges wor applicant or his or her family. applicant qualifies for a partial (75%, 50%, or 2 response to than 125% but not greater than 150 more than 125% but not greater than 175 more than 175% but not greater than 175 more than 175% but not greater than 175 	all fees, costs, and charges because ernment assistance under one or more (SI) (Not Social Security) ed (AABD) Families (TANF) ional Assistance, or State Children and or less of the current poverty level as ealth and Human Services and the <u>ILCS 5/12-901</u> and plicant is unable to pay the fees, costs, uld result in substantial hardship to the (50% waiver of all fees, costs, and e is (check one): % (75% waived); OR % (50% waived); OR % (25% waived) he US Department of Health and exempt assets under

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Enter the Case Number given by the Cil	rcuit	Clerk:
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to pay the fees, costs, or charges.

- 3. The applicant must provide additional information and attend a hearing before the court decides if the applicant qualifies for a fee waiver.
- 4. The applicant does not qualify for a fee waiver because (must state specific reason):

IT IS HEREBY ORDERED:

A. Application for Waiver of Court Fees is GRANTED.

i. X The applicant qualifies for a full waiver, and may participate in this case without payment of fees, costs, or charges.

OR

- ii. The applicant qualifies for a partial fee waiver as follows (check one):
 - **75%** of all fees, costs, and charges **are waived** (and the applicant must pay 25% of all fees, costs, and charges).
 - **50%** of all fees, costs, and charges are waived (and the applicant must pay 50% of all fees, costs, and charges).
 - **25%** of all fees, costs, and charges are waived (and the applicant must pay 75% of all fees, costs, and charges).

Charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees listed in 735 ILCS 5/5-105(a)(2)(1).

The applicant must pay fees, costs, and charges currently due by:

- OR
- Upon good cause shown, the applicant may make payments as follows

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(describe deferral, installment plan, or other reasonable terms):

This order expires one year from the date of this order. The applicant may reapply before or after the expiration date.

B. Application for Waiver of Court Fees is SET FOR HEARING on

in courtroom:

Date

Time

at

The applicant must bring the following documents:

C. Application for Waiver of Court Fees is DENIED.

The applicant must pay all fees, costs, and charges currently due by:

Date

Date

DO NOT complete this section. The judge will sign and date here.

ENTERED:	Bf-
Judge	

6/17/ Date

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This form is approved by the lilinois Supreme Court and is required to be accepted in all illinois Circuit Courts.

STATE OF CIRCUIT				For Court Use Only
WILL		CERTIFICATION FOR EXEMPTION FROM E-F	II ING	FILED
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Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.	Plaintiff / Petit	Iner (First, middle, last name)	·	
Enter the name of the person being sued as Defendant/Respondent	v.			
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In 1, check the reasons you are asking to file by mail, in person, or	1. I am not ab	le to e-file documents in this case	a for the follo	wing reasons (check all that apply) :
by other means. You should check all that apply.	😰 Iam rej My only	presenting myself and do not have access is through a public termin ses a financial or other hardship.	the later of	
You are exempt from e-filing and you do not need to file this <i>Certification</i> if: • you are in jail or prison;	🗌 I am rec	presenting myself and have trouble	e reading, writ	ing, or speaking in English.
 you are filing a will; you are filing into a juvenile case; OR 	I tried to	e-file my documents, but I was up	able to comp	
 your disability prevents you from e- filing. 	• •	a accidance i need is not avai	Iadie.	
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Under the Code of Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u> , making a statement on this	I certify that even understand that	erything in the Ce <i>rtification for E</i> t making a false statement on th		
form that you know to be false is perjury, a Class 3 Felony.	by law under 73	<u>35 ILCS 5/1-109</u> .		•.
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