

ADDITIONAL DOCUMENTATION REQUESTED BY THE OFFICE OF THE COMPTROLLER
 REMOVAL OF PERSONAL INFORMATION FOR JUDICIAL FAMILY MEMBERS
 PURSUANT TO THE JUDICIAL PRIVACY ACT (PA 97-0847)

JUDGE'S NAME _____ FAX NUMBER _____
 EMAIL ADDRESS _____

TYPE OF JUDGESHIP

- SUPREME COURT JUSTICE
- APPELLATE COURT JUDGE DISTRICT: _____
- CIRCUIT JUDGE CIRCUIT: _____
- ASSOCIATE JUDGE CIRCUIT: _____

<i>NAME OF INDIVIDUAL</i>	<i>RELATIONSHIP TO THE JUDGE (CHILD UNDER AGE 18, SPOUSE, PARENT, BLOOD RELATIVE LIVING AT THE SAME ADDRESS)</i>	<i>IS HE/SHE A STATE OF ILLINOIS EMPLOYEE?</i>	<i>SOCIAL SECURITY NUMBER</i>
_____	_____	_____	_____
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_____	_____	_____	_____

_____ JUDGE'S SIGNATURE DATE

PLEASE RETURN THE COMPLETED FORM TO:
 MR. ROBERT OSGOOD
 OFFICE OF THE COMPTROLLER
 325 WEST ADAMS STREET
 SPRINGFIELD, ILLINOIS 62704
 FORMS MAY BE FAXED TO 217.558.5123
 OR
 SENT VIA E-MAIL TO OSGOORP@MAIL.IOC.STATE.IL.US

PLEASE NOTE THAT THIS FORM SHOULD NOT BE SUBMITTED TO THE ADMINISTRATIVE OFFICE OF THE ILLINOIS COURTS.