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

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	NOTICE OF COURT DATE FOR REQUEST FOR CERTIFICATE OF GOOD CONDUCT	*For Court Use Only*

Instructions ▼	
Directly above, enter the name of county where you will file the case.	Request of:
Enter your name and birth date. List any other names you used when arrested on the cases listed on this form.	**Your name** *(First, middle, last name)* **Other names used in these cases**
If the Clerk gave you a new case number, enter it to the right.	**Date of birth**

Case Numbers *(if the Clerk assigns a new number)*

In **1**, enter the county and address of the State's Attorney's office that prosecuted your cases.	**1.** To: County State's Attorney Office: *County* *Street Address* *City* *State* *Zip*
In **2**, enter the name of the county where you are filing your *Request*.	**2.** I have filed a *Request for Certificate of Good Conduct* with the Clerk of the Circuit Court of _____ County, Illinois. *County Name*
DO NOT fill out Section **3**. The Circuit Clerk will complete.	**3.** The court date for my *Request* is: _____ *Date* *Time* *Courtroom*
In **2**, enter the date you send this form to the State's Attorney. You must send this form by 5:00 p.m. on the same day it was filed with the Circuit Clerk.	**Proof of Delivery** 1. I am sending the *Notice of Court Date for Request for Certificate of Good Conduct* and the *Request for Certificate of Good Conduct* 2. At or before 5:00 P.M. on: _____
In **3**, check if you will deliver copies of this form and the *Request* by hand or by mail.	3. To the County State's Attorney Office listed in Section 1 By: ☐ Personal hand delivery ☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at: *Address of Post Office or Mailbox* ☐ Third-party commercial carrier, with delivery paid for at: *Name (for example, FedEx or UPS) and office address* ☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP) ☐ Email *(not through an EFM or EFSP)* ☐ Mail from a prison or jail at: *Name of prison or jail*

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

I certify that everything in the *Notice of Court Date for Request for Certificate of Good Conduct* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

/s/
Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone