STATE OF ILLINOIS
CIRCUIT COURT OF LAKE COUNTY

APPLICATION FOR CERTIFICATE OF RELIEF FROM DISABILITIES

Case Number: _____

Applicant's Name: _____

Address: _____
street city state zip

Social Security #: _____ Date of Birth: _____

Offense of Conviction: _____ Date of Sentence: _____

Pursuant to the provisions of 730 ILCS 5/5-5.5-15, application is hereby made for issuance of a CERTIFICATE OF RELIEF FROM DISABILITIES to relieve the holder of disabilities or bars to employment herein enumerated: _____

_____

_____

_____

The applicant hereby affirms that he/she is an eligible offender as specified by the provisions of 730 ILCS 5/5-5.5-15, and agrees to cooperate with an investigation to determine his/her fitness for a certificate of relief from disabilities.

Applicant's Signature: _____ Date: _____