



CERTIFICATE OF SERVICE BY CIRCUIT CLERK

(REQUEST TO EXPUNGE AND/OR SEAL CRIMINAL RECORDS)
IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

REQUEST OF: _____
First, Middle, and Last Name

_____ **Case Number**



This is a form for the **Circuit Clerk's office** to use. The Circuit Clerk will fill it out, sign it, and send the forms.

CERTIFICATE OF SERVICE BY CIRCUIT CLERK

The Circuit Court Clerk shall promptly serve, electronically or by mail, a copy of the *Request*, the *Case List*, and any additional forms to all the agencies listed below under [20 ILCS 2630/5.2\(d\)\(4\)](#).

1. **To:** Arresting Agencies listed in the *Request*:

_____ *Name*

_____ *Name*

_____ *Name*

_____ *Name*

2. **To:** _____ County State's Attorney
County Name

3. **To:** Illinois State Police
260 North Chicago Street
Joliet, Illinois 60432

4. **To:** Chief Legal Officers of the Units of Local Government (*for municipal ordinance violations only*):

_____ *Name*

_____ *Name*

_____ *Name*

_____ *Name*

5. **To:** Additional Parties (*if needed*):

_____ *Name*

_____ *Name*

_____ *Name*

_____ *Name*

The undersigned certifies that the *Request* and any additional forms were served to all parties listed above:

_____ *Signature of Circuit Clerk*

_____ *Name of Deputy Clerk*

_____ *Date of Mailing or Service (Month, Day, Year)*