CERTIFICATE OF SERVICE BY CIRCUIT CLERK

(VACATE & EXPUNGE ELIGIBLE CANNABIS CONVICTIONS)
IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

REQUEST OF: _____
First, Middle, Last Name

_____
Case Number

STOP 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 Clerk shall promptly serve, electronically or by mail, a copy of the *Motion to Vacate & Expunge Eligible Cannabis Convictions* and any additional forms to the agencies listed below under 20 ILCS 2630/5.2(i)(3).

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

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

_____ _____
Name *Name*

_____ _____
Name *Name*

The undersigned certifies that the *Motion to Vacate & Expunge Eligible Cannabis Convictions* 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)