



ADDITIONAL ARRESTING AGENCIES

(REQUEST TO EXPUNGE JUVENILE RECORDS)
IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

County Where You Are Filing the Case

REQUEST OF: _____

Your First, Middle, and Last Name

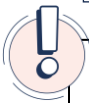
Other Names Used In These Cases

Date Of Birth

IR Number (if available)

Case Number

*(if the Circuit Clerk assigns
a new number)*



Only complete this form if you have been arrested by more than **4** police or sheriff's departments.

To: Additional Police or Sheriff's Department that arrested you:

Name

Street Address

City, State, Zip Code

Name

Street Address

City, State, Zip Code

Name

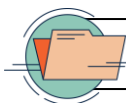
Street Address

City, State, Zip Code

Name

Street Address

City, State, Zip Code



File this form with your *Notice of Filing for Juvenile Expungement*.