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

STATE OF I CIRCUIT (MOTION TO VA	OURT DATE FOR CATE & EXPUNGE	For Court Use Only
			GIBLE CONVICTIONS	
Instructions •				
Directly above, enter the name of county where you will file the <i>Motion</i> .	Request of:			
Enter your name, birth date, race, and gender. List any other names you used when		First, middle, last name)		
arrested on the cases listed on this form.	Other names	s used in these cases	5	
If the Circuit Clerk gave you a new case number, enter it to the right.	Date of birth	Race	Gender	Case Number (<i>if the Circuit</i> <i>Clerk assigns a new number</i>)
Enter the number for all eligible cannabis convictions on your criminal record in this county.	Case Numbe	ers of all Eligible Can 	nabis Convictions on yo	our Record in this County:
			the attached Additional I Anabis Convictions form	Notice of Court Date for Motion to
In 1a , enter the date and time of your hearing. The Circuit Clerk will give you the date and time of the hearing			ge Eligible Cannabis Con s scheduled for:	<i>victions</i> with the court.
when you file your <i>Motion</i> .	a. Date:		Time:	a.m. 🗌 p.m.
In 1b , enter the address of the court and court room number for the	b. Address	Street	City	State ZIP
hearing.	Courtroo			State Zir
Under the Code of Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u> , making a statement on this form that you know to be false is	Convictions is Perjury and h	s true and correct. Ι ι		<i>Expunge Eligible Cannabis</i> a false statement on this form is <u>5/1-109</u> .
perjury, a Class 3 Felony. If you are completing this form on a	Your Signature		Street Address	
computer, sign your name by typing it. If you are completing it by hand, sign and	Print Your Name	9	City, State, ZIP	
print your name. Enter your complete address, telephone	Telephone		Email	
number, and email address, if you have one.	else and that you		not check your email every day,	il account that you do not share with anyone you may miss important information, notice

In **2**, enter the State's Attorney office that prosecuted your cases. This contact information is publicly available online or from your county Circuit Clerk at: <u>illinoiscourts.gov/court</u> <u>s/circuit-court/circuitcourt-clerks/</u>.

In **3**, enter the name of the county where you are filing your *Motion*.

In 4, check the box if you have or are getting a fee waiver.

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.

		Enter the Case Nu	umber given by the Circuit Clerk:	
2.	To:	County Name	Count	y State's Attorney
		Street Address	City	State ZIP
3.	l hav Clerk		Expunge Eligible Cannabis Con	<i>victions</i> with the Circuit /, Illinois.
4.		am seeking a fee waiver un vaiving my filing and State P	der Supreme Court Rule 298, o olice fees.	r have attached an <i>Order</i>
5.	The (listed		of this <i>Notice</i> and the <i>Motion</i> to	the county State's Attorney

/s/	
Your Signature	Date
Prepared by:	
Street Address:	
City, State, ZIP:	
Phone Number:	
Attorney # (if any):	

DO NOT fill out this section. The Circuit Clerk will sign and mail it.

CERTIFICATE OF MAILING

The undersigned certifies that the above *Notice* and attached documents were placed in the U.S. mail with first class postage prepaid to the State's Attorney listed above.

Signature of Circuit Clerk

Name of Deputy Clerk