

**NOTICE OF ADDITIONAL OR CHANGE OF EMPLOYING
AGENCY/SUPERVISING ATTORNEY
ILLINOIS SUPREME COURT RULE 711**

To: Rule711@illinoiscourts.gov, or
 Administrative Office of the Illinois Courts
 222 N. LaSalle, 13th Floor
 Chicago, IL 60601

The services authorized by Illinois Supreme Court Rule 711, which I acknowledge I have read, will be performed by me for:

Full Name of Agency	
Agency Address	City/State/Zip Code
Agency Telephone Number & Email Address	Supervising Attorney's Name <small>(Must be a member in good standing of the Illinois Bar)</small>

The Agency indicated above is (check appropriate box):

- ☐ A legal aid bureau, legal assistance program, organization or clinic chartered by the State of Illinois or approved by a law school approved by the American Bar Association.
- ☐ The Office of the Public Defender;
- ☐ An office, agency or department of the State or any of its subdivisions; or
- ☐ An office, agency or department of the United States or any of its subdivisions

_____ Dated this _____ day of _____, 20_____
Supervising Attorney's Signature

Law School Student's Signature

Name: _____
Address: _____

Telephone: _____
711 License #: _____

For office use only:

Approved by: _____
Date: _____