This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.								
Forms are free at ilcourts info/forms								

			Forms are free at	ilcourts.info/fo	<u>orms</u> .				
STATE OF IL CIRCUIT C		тү	ADDITIONAL ARRESTS OR CASES FOR SEALING			For Court	Use Only		
Instructions T									
Directly above, enter the name of county where you will file the case.	Request of:								
Enter your name, birth date, race, and gender. List any other names you used when		·	st, middle, last)						
arrested on the cases listed on this form.	Other	Other names used in these cases					Case Number (if the Clerk assigns a new number)		
If the Clerk gave you a new case number, enter it to the right.	Date	ite of birth Race Gender							
Enter the number for each additional arrest, charge, and conviction	Arrest	t or Case N	umbers of Addition	al Criminal Of	fenses i	in your Record in	this County	/:	
you want sealed. If an arrest did not result in									
formal charges, enter									
arrest number.									
See How to Expunge and/or Seal a Criminal Record to make sure all of your cases can be	Arrest or Case Number		Arresting Agency	(list all charg	Charge Date of Outcome (for ges for each case number) Arrest FC, or CE)				
hidden by sealing your record. For more help, see pages $12 - 15$.									
Enter all additional eligible arrests, charges, and									
convictions you want sealed, but could not fit on the <i>Request</i> . Enter									
all charges for each case number. For Outcome , enter an outcome that reflects									
the outcome of your case. Use the shortened version of									
the outcome from the Outcome Abbreviations box.									
		me Abbre			1				
If you are completing this form on a	MC					Felony Conviction			
computer, sign your	CE	Certificate of Eligibility for Sealing from PRB QP Qu				Qualified Probation	alified Probation Successfully Completed		
name by typing it. If you are completing it by hand, sign and print	Your Signature Date								
your name.	rour S	อาฐาาสเนาช				Date			
Enter the name and contact information of the person who should		Address:	Attorney # (if any):						
receive copies of the filed paperwork.	City, S								
After you finish this form, file it with your <i>Request</i> .	Phone	9	Email:						