



Office of Statewide Pretrial Services
4133 Old Jacksonville Road
Springfield, IL 62711

Pretrial Check-in Form

Name: _____

Address: _____ Apt.# _____ City: _____

Phone number for court reminders: _____

Email address for court reminders: _____

Has anything changed since your last court date: employment, family, address, police contact?

Is there anything we can help you with? _____

