STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

## Additional Documentation Requested by the Office of the Comptroller Removal of Personal Information for Judicial Family Members Pursuant to the Judicial Privacy Act (PA 97-0847)

Judges Name: $\qquad$ FAX Number: $\qquad$

EMAIL: $\qquad$
Type of Judgeship:
$\square$ Supreme Court Justice:
$\square$ Appellate Court Judge
District: $\qquad$
$\square$ Circuit Judge
$\square$ Associate Judge

Circuit: $\qquad$
Circuit: $\qquad$

Relationship to the
Judge (Child under age

18 , spouse parent, blood relative living
Name of Individual
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Judges Signature Date

| Is He/She a |  |
| :---: | :---: |
| State of Illinois | Social Security |
| Employee? | Number | Number

$\qquad$

Please Return The Completed Form To:
Legal Department
Office of the Comptroller
325 West Adams Street
Springfield, Illinois 62704
Forms may be faxed to 217.558 .5123
or
Sent via E-Mail to: whitney.rosen@illinoiscomptroller.gov

Please note that this form should not be submitted to the Administrative Office Of The Illinois Courts.

