

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:		FAX Number:	
		EMAIL:	
			-
☐ Associate Judge	Circuit:		-
Name of Individual	Relationship to the Judge (Child under age 18, spouse parent, blood relative living at the same address)	Is He/She a State of Illinois Employee?	Social Security Number
	Judges Signature	Date	

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

OI

Sent via E-Mail to: whitney.rosen@illinoiscomptroller.gov

