



**Illinois Court of Claims**  
 Office of the Secretary Of State  
 630 S. College St., Springfield, IL 62756

**TRANSLATOR INFORMATION FORM**

Date:

**Case Information**

Claim No.:	Claimant Name:	
Address:	Phone No.:	
City:	State:	ZIP:

**Type of Case**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Lapsed Appropriation     |
| <input type="checkbox"/> Crime Victim    | <input type="checkbox"/> Prisoner        | <input type="checkbox"/> Certificate of Innocence |
| <input type="checkbox"/> Line of Duty    | <input type="checkbox"/> Other           |   |

**Translator Information**

Claim No.:	Relationship to Claimant:	
Address:	Phone No.:	
City:	State:	ZIP:

**Attorney Information (If Applicable)**

Attorney/Firm Name:	ARDC/Firm No.:	
Attorney/Firm Address:	Phone No.:	
City:	State:	ZIP:

JESSE WHITE, EX-OFFICIO CLERK OF THE COURT OF CLAIM, ILLINOIS  
 Additional forms may be obtained at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)