



**NOTE:** If incarcerated at the time of this application, a certified copy of the inmate's trust fund must be attached to this application.

\_\_\_\_\_  
Signature

Signed and sworn to before me

\_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_

Notary Public

\_\_\_\_\_  
Name

\_\_\_\_\_  
Attorney for Application

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 705 ILCS 505/1 *et seq.* Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.