

Dorothy Brown, Clerk of the Circuit Court of Cook County

File Request Form

Case Number _____ Please use a separate request form for each file.

YOU MUST SUBMIT IDENTIFICATION TO REVIEW COURT FILES

Requestor's Name (please print) _____

Law Firm (if applicable) _____

Attorney Number (if applicable) _____

Street Address _____

City, State, Zip _____

Telephone Number _____

IDENTIFICATION SUBMITTED

___ Attorney Identification Card

___ Drivers License

___ State Identification Card

___ Other _____

Time In and
Clerk's Initials

Time Out and
Clerk's Initials

DO NOT REMOVE FILES FROM THE CLERK'S OFFICE

The undersigned acknowledges and understands that the files and their contents are official court documents that are controlled by the Clerk of the Circuit Court. Destruction, mutilation, alteration, or theft of these files or documents constitutes a crime (720 ILCS 5/32-8). All violations will be prosecuted to the fullest extent allowed by law.

Signature

Date