

Application for Certificate of Relief From Disability

Before the Illinois Prisoner Review Board

The undersigned petitioner prays for a certificate of relief from disability and in support thereof states as follows:

1. Required Information:

Full name: _____

First Middle Last

Address: _____

Number Street Apt/Unit # _____

City State Zip Code _____

Telephone Number (*include area code*): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____

Prisoner Number (*if applicable*): _____

Name Convicted Under and any Aliases: _____

Have you ever petitioned for a certificate of relief from disability before? Yes No

If yes, please state the month and year your petition was considered.

2. Conviction(s) for Which a Certificate is Sought

For each conviction please provide the following information:

Case Number: _____

Date of Arrest: _____

County of Conviction: _____

Plea Bench Trial Jury Trial

Sentencing Judge: _____

Date Sentenced: _____

Sentence: _____

(Includes probation, any time served, and conditional discharge)

Time served: _____

Date of Discharge: _____

If you appealed your conviction or sentence, provide the status of any pending appeals, including the date of decision(s) by the Court:

Provide a complete and detailed account of the offense(s) for which you seek certificate of relief from disability. Provide your own version of the factual circumstances of the offense(s), including the date and location. *Add additional pages if necessary:*

3. Criminal History

Please provide a complete criminal history. For each incident for which you were arrested, taken into custody, or charged by any law enforcement agency, except for traffic violations, provide the following information:

Case Number: _____

Offense Charged: _____

Date of Arrest: _____

County of Arrest: _____

Disposition: _____

(Includes SOL, nolle pros, nonsuit, section 10 or 410 probation, FNPC, supervision)

Date probation or supervision terminated *(if applicable)*: _____

Attach a copy of your police record (rap sheet)

Optional Information

4. Personal Life History:

Write a detailed narrative biography that includes date and place of birth, educational and employment history, marital status, names and ages of children, military record, charitable and community activities. You may also include information on degrees or diplomas earned or anticipated, awards of commendations at school or work, counseling or rehabilitation programs you have attended or completed, military awards, civil or occupational licenses or certifications, and life changing events. You can include any property owned including cars and real estate, bank accounts, investments, insurance policies and other sources of income. You can include any debts owed. You may attach any documents that demonstrate or reflect your achievements.

5. Reason(s) for Seeking a Certificate of Relief from Disability:

State your reasons for seeking a certificate. Include opportunities that have been denied because of your criminal record.

6. Type of Certificate Desired:

- Animal Welfare Act
- Athletic Trainers Practice Act
- Barber, Cosmetology, Esthetics, and Nail Technology Act
- Boiler and Pressure Vessel Repairer Act
- Professional Boxing Act
- Shorthand Reporters Act
- Farm Labor Contractors Act
- Interior Design Act
- Land Surveyor Act
- Landscape Architecture Act
- Marriage and Therapy Act
- Private Employee Agency Act
- Professional Counselor and Clinical Professional Licensing Act
- Real Estate Licensing Act
- Roofing Industry Act
- Professional Engineering Practice Act
- Well Water & Pump Installation Contractor Act
- Electrologist Licensing Act

7. Supporting Documentation

Attach materials that support the claims made in this petition. These may include DD 214, rap sheet, resume, letters of recommendation, diplomas, certifications, etc...

8. Certification and Personal Oath

The following statement must be signed and sworn before a Notary Public:
I declare under perjury that all of the assertions made in this petition are complete, truthful, and accurate.

Respectfully Submitted this _____ day of _____, _____

(Month) (Year)

(Signature of Petitioner)

Signed and sworn before me this _____ day of _____, _____

(Month) (Year)

(Notary Public)

9. Hearing Information:

Petitioners may request a public hearing before the Prisoner Review Board or may submit a petition for a good conduct certificate that will be considered by the Board without a personal appearance. A personal appearance is not required for the processing of a petition for a certificate of relief from disability.

Would you, the petitioner, like to request a public hearing? Yes No