

**Cook County**  
**Dept of Administrative Hearings**  
**118 North Clark Street, Room 1140**  
**Chicago, IL 60602**  
**312-603-2120**

**FREEDOM OF INFORMATION REQUEST FORM**

**From:** \_\_\_\_\_

Print Name

\_\_\_\_\_  
Address, City, State and Zip

\_\_\_\_\_  
Day Phone/Email Address

**The undersigned requests copies of the:**

**File Record only**     **Audio Recording**     **Entire Record in the following case:**

\_\_\_\_\_  
Cook County vs. Case Name

\_\_\_\_\_  
Docket and/or Ticket Number(s)

\_\_\_\_\_  
Hearing Division

\_\_\_\_\_  
Name of Administrative Law Judge presiding at hearing (if known)

\_\_\_\_\_  
Date(s) of hearing

The undersigned hereby certifies, under penalty of law, that he/she is not requesting this information for any illegal or unlawful purpose.

\_\_\_\_\_  
Signature of Requesting Individual

\_\_\_\_\_  
Date

WILL PICK UP \_\_\_\_\_ PLEASE MAIL \_\_\_\_\_ EMAIL (AUDIO ONLY) \_\_\_\_\_

An information officer will inform you of the fee for processing your request. Fees are: Fifty cents (\$0.50) per page; one dollar (\$1.00) per certified order, and fifteen dollars (\$15.00) per audio tape. Your request will be processed upon receipt of the fee. All checks shall be made out to the Cook County Department of Revenue.

Fee Received: \_\_\_\_\_ By: \_\_\_\_\_ Process Date: \_\_\_\_\_ By: \_\_\_\_\_