

STATE OF ILLINOIS, CIRCUIT COURT		ADDITIONAL NOTICE OF COURT DATE FOR MOTION TO VACATE & EXPUNGE ELIGIBLE CANNABIS CONVICTIONS		For Court Use Only																																																	
_____ COUNTY																																																					
Instructions ▼		Request of: _____ Your name <i>(First, middle, last name)</i> _____ Other names used in these cases _____ Date of birth Race Gender		_____ Case Number <i>(if the Circuit Clerk assigns a new number)</i>																																																	
Directly above, enter the name of county where you will file the <i>Motion</i> .																																																					
Enter your name, birth date, race, and gender. List any other names you used when convicted on the cases listed on this form.																																																					
If the Circuit Clerk gave you a new case number, enter it to the right.																																																					
Enter the number for all eligible cannabis convictions on your criminal record in this county.		Additional Case Numbers of all Eligible Cannabis Convictions on your Record in this County: <table><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>				_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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