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## Application for Certificate of Relief From Disability

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### 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: \_\_\_\_\_

State 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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**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

