



**STATE OF ILLINOIS**  
**17<sup>th</sup> Judicial Circuit**  
**Winnebago-Boone Counties**

**Debbie L. Jarvis**  
**Director, Department of Court Services**

**BACKGROUND CHECK**

I, \_\_\_\_\_, D.O.B. \_\_\_\_\_ freely give my consent for the Winnebago County Department of Court Services to conduct a background investigation which will include education and employment history in addition to any other pertinent information that the Department requires and deems necessary and appropriate. I further consent for the same Court Services Department to contact appropriate law enforcement authorities regarding a criminal record check.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Director or Designee**

Department of Court Services  
526 W. State St.  
Rockford, Illinois 61101  
815-319-6250

