

Certification of Official Headquarters, Residence and Motor Vehicle Insurance

Date _____

Circuit _____

Employee Name _____

This is to certify that my residence is:

Home Address _____ County _____

Home City, Zip _____ Phone _____

Mailing address, if different from above:

Home Address _____

Home City, Zip _____

My official work headquarters is:

Office Address _____ County _____

Office City, Zip _____ Phone _____

My residence is _____ miles from my headquarters site.

I understand that I must have a valid driver's license and carry the following minimum amounts of insurance if I drive a privately-owned vehicle in the conduct of official State of Illinois business: bodily injury - \$20,000/\$40,000; property damage - \$15,000. Any change in my official headquarters will be reported to Court Reporting Services. Any change in my official headquarters address must be attested to by my supervisor.

New Filing

Employee Signature _____

Address Change

Headquarters Change

Supervisor Signature _____

Effective Date _____