

**COURT REPORTING SERVICES
PHOTO IDENTIFICATION CARD REQUEST**

Print

Employee Name: _____ Circuit: _____

Sign **INSIDE** the box below in **BLACK** ink:
(Please do not run signature into the box lines)

Photo ID Required:

- G Photo Enclosed (2" x 2" or larger) - photos will not be returned
- G Digital Photo has been emailed to: BungaT@mail.ioc.state.il.us

Form should be completed and returned to:

Court Reporting Services
325 West Adams Street, Room 140
Springfield, IL 62704

NOTICE: DO NOT FOLD FORM ON SIGNATURE BOX