



Date: _____
Time: _____

Illinois Office of Statewide Pretrial Services

Pretrial Check-in Form

Name: _____

Address: _____ Apt.: _____ City, State: _____

Phone number for court reminders: _____

Email address for court reminders: _____

Next court date and time: _____

Has anything changed since your last court date (e.g. employment, family, address, police contact)?

Is there anything we can help you with?

Additional comments:

Next appointment: _____

Client Signature

Pretrial Services Officer Signature

Promoting pretrial justice and community safety throughout Illinois.

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