



**COOK COUNTY SHERIFF'S OFFICE**  
**DEPARTMENT OF CORRECTIONS**  
**INDIVIDUAL IN CUSTODY (I.I.C.) PARTICIPANT VERIFICATION REQUEST FORM**

**REQUESTOR INFORMATION**

*(Response to request may take 48 hours excluding weekends and holidays)*

NAME:	ADDRESS:	CITY/STATE/ZIP:
DAY PHONE NUMBER:	CELL PHONE NUMBER:	E-MAIL ADDRESS:

**INDIVIDUAL IN CUSTODY (I.I.C) INFORMATION**

I.I.C.'S NAME:	I.I.C. ID #:	I.I.C.'S DATE OF BIRTH:
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DATES AND NAME OF THE PROGRAM(S):

OBTAINED GED OR HIGH SCHOOL DIPLOMA WHILE IN CCDOC: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE GED TEST PASSED OR HIGH SCHOOL DIPLOMA RECEIVED:
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**SUBMISSION INSTRUCTIONS**

*(This form must be submitted by attorneys only)*

**PLEASE SUBMIT YOUR REQUEST EITHER IN PERSON, VIA U.S. MAIL OR E-MAIL TO:**

Cook County Sheriff's Office  
 ATTN: CCDOC Records Department  
 2700 South California Avenue  
 Chicago, IL 60608  
 Email: [ccso.inmateworkcredit@ccsheriff.org](mailto:ccso.inmateworkcredit@ccsheriff.org)  
 For further inquiries, please call (773) 674-6321, 6806 or 6807

METHOD OF SUBMITTING REQUEST: <input type="checkbox"/> IN PERSON <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> E-MAIL	PREFERRED RESPONSE TO REQUEST: <input type="checkbox"/> IN PERSON <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> E-MAIL
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**FOR OFFICE USE ONLY**

DATE RECEIVED:	DATE DUE	REQUESTOR CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE:
EXTENSION:	DEPARTMENT:	DATE SENT TO REQUESTER:	VERIFIED BY:

DELIVERED VIA:  
 IN PERSON  
 U.S. MAIL  
 E-MAIL