



Illinois State Police Offender Registration Unit

Request for Hearing on Circumstances Surrounding the Extension of Registration

Pursuant to the Sex Offender Registration Act (720 ILCS 150/1 *et seq.*) and/or the Murderer and Violent Offender Youth Registration Act (730 ILCS 154/1 *et seq.*):

I, _____, am requesting a hearing with the Illinois State Police (ISP) regarding the circumstances surrounding the extension of registration.

Following a hearing, I understand an administrative law judge (ALJ) will issue a recommended decision within 90 days after the conclusion of the hearing. I acknowledge ISP will be provided with a copy of the entire record, including but not limited to the recommendation of the ALJ, and ISP will then issue a final decision to me regarding the extension of the registration. I understand decisions rendered under this process are subject to the provisions of the Illinois Administrative Procedure Act (50 ILCS 100/10-50).

I understand this request may delay my petition to review and I am waiving any deadlines provided in any relevant statutes and/or administrative rules. I understand that I am not required to have an attorney, but if I elect to do so, it shall be at my own expense. In addition, I hereby certify my email address is _____ (type or print carefully) and agree to electronic service at that address.

I affirm that I have access to a computer with an internet connection and my telephone number is: _____ (type or print carefully), which can also be used for a hearing, if necessary.

I grant my authorization to ISP to investigate the extension of my registration period, as well as to any individual, organization, agency, or provider that maintains records relating to me to provide any records relevant to such investigation to any agent of ISP upon their request. The intent of this authorization is to give my consent for full and complete disclosure (verbal and documentary) of any relevant and necessary records to investigate the circumstances surrounding the extension of registration.

By requesting this petition to review, I specifically acknowledge that I waive my rights under the Health Insurance Portability and Accountability Act (HIPAA), as well as my rights under any state statute governing the confidentiality of medical records, including but not limited to the *Mental Health and Developmental Disabilities Confidentiality Act* (740 ILCS 110/5). I certify that any person or entity that may obtain, furnish or exchange such information concerning me shall be held harmless and not liable for providing this information. I do hereby release from all liability and promise not to sue said persons or entities, ISP, its agents and designees on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the furnishing or exchanging of information.

I affirm that I have legal authority to execute this release in that I am the subject of such records. A photocopy and/or an electronic copy of this release form will be valid as an original thereof, even though said photocopy and/or electronic copy does not contain an original writing of my signature.

I understand that:

- I have the right to revoke this consent in writing at any time, and this consent shall terminate in one year unless revoked sooner; and
- I have the right to inspect and copy any information that is disclosed pursuant to this release.

I have read and fully understand the contents of this "Request for Hearing on Circumstances Surrounding the Extension of Registration."

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address, City, State, Zip: _____

Last Four SS#: XXX-XX-_____ Other Names Used: _____

Signature of Parent/Guardian of Minor: _____

Printed Name: _____ Date: _____

This form must be completed, signed, dated, and returned to:

Illinois State Police Registration Unit

801 South 7th Street, Suite 200S

Springfield, IL 62703

217-785-0653

OR email to: isp.sor.appeals@illinois.gov