

**STATE OF ILLINOIS
THE ILLINOIS PRISONER REVIEW BOARD**

IN RE TO THE PAROLE CONSIDERATION HEARING OF:

_____ at _____ on _____
Inmate name & IDOC# Facility Hearing Date

ENTRY OF APPEARANCE

Now comes, _____, and hereby enters their appearance in the above entitled cause.

ATTORNEY or REPRESENTATIVE

The contact information for the Attorney/Representative is:

Name

Address

City, State, Zip Code

Telephone number

E-mail Address

***Prior notification must be given to the Illinois Prisoner Review Board prior to attending any State's Attorney protest hearing.**

I will be attending the protest hearing for this case: (Mark box to be added to the attendance list)

Distribution:

- Mail or fax form to: Illinois Prisoner Review Board, Attn: Tracy Buckley, Chief of Operations, 319 E. Madison Street, Springfield, IL 62701 or fax: 217-524-0012.
- A copy is to also be submitted to the State's Attorney of the county in which the offense was committed.