

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CERTIFICATION

State of Illinois)
)
) ss.
)
 _____ County)

I, _____, Treasurer of _____ County, Illinois, do hereby certify the foregoing to be a full, true and complete itemized statement of amounts expended for the reimbursable care and support of minors provided shelter care or minors dependent, neglected, delinquent, or otherwise in need of supervision by _____ County, during the month of _____, 20____, as evidenced by paid checks.

In Witness Whereof, I have hereunto affixed my signature and seal of my office this _____ day of _____, A.D., 20____

County Treasurer

State of Illinois)
)
) ss.
)
 _____ County)

I, _____, Associate / Circuit / Chief * Judge of the, _____ Judicial Circuit, sitting in the Circuit Court of _____ County, Illinois, do hereby certify that the expenditures of the County Treasurer are based on the orders of this Court, and that these orders are still in force and effect.

In Witness Whereof, I have hereunto affixed my signature this _____ day of _____, A.D., 20____

Judge

*Strike inapplicable titles.