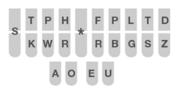
## Court Reporting Services Part-A Exam Application



Applicant Information					
Full Nam	e: Last	First	M.I.	CSR Number (if applicable)	
Mailing Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
Exam Da	ate:	Exam Loc	cation:		
LXuIII De		Exam Eoc			
Please s	select one:				
0 1	I am an Official Court Reporter taking this exam as a requirement of my employment.				
0 1	I am a Court Specialist.				
	I am not a current Court Reporting Services employee. I am taking this exam for possible future employment, with the permission of the Chief Judge in the Circuit.				
Signature	e:		Date:		

## Return application to your supervisor!

(Supervisors: Once you have received all applications, please email all at once to Randi@ilcrs.com.)