

Court Reporting Services Part-A Exam Application



Applicant Information

Full Name: _____
Last *First* *M.I.* *CSR Number (if applicable)*

Mailing Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email _____

Exam Date: _____ Exam Location: _____

Please select one:

- I am an Official Court Reporter taking this exam as a requirement of my employment.*
- 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: _____ Date: _____

Return application to your supervisor!

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