

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.