

WHEREFORE, the Appellant respectfully requests that the Administrative Law Judge continue the above captioned expungement appeal.

Respectfully submitted,

Appellant's Signature Above

Name:

Address:

City/State/Zip:

Phone:

Email:

Appellant Must Give Written Notice of this Motion to Continue to the following by mail, email or facsimile:

Department Attorney: _____

Department of Children and Family Services

Address:

City/State/Zip:

Administrative Law Judge: _____

DCFS - Administrative Hearings Unit

406 East Monroe – Station 15

Springfield, IL 62701

Facsimile: (217) 557-4652

Email: DCFS.Efiling@illinois.gov

CERTIFICATE OF SERVICE

The undersigned hereby certifies that the above notice and attached pleadings were caused to be personally delivered or deposited in the U.S. mail, or transmitted via email, or facsimile to the above party (ies) at the address (es) provided on _____ mailed, emailed or sent via facsimile).

Signature