STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVCIES

State of monies received by _____ County, during the month _____ , 20 _____ , on account of minors provided shelter care or minors dependent, neglected, delinquent, or otherwise in need of supervisor pursuant to Section 7-4 of the Juvenile Court Act as amended.

A	B	C	D
Name and Birthdate of Child	Court Case Number	Period Covered	Amount Received
		TOTAL	

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 all payments received by me, pursuant to Section 7-4 of the Juvenile Court Act, as amended, during the month of _____ , 20_____ .

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

_____
County Treasurer

INSTRUCTIONS FOR FORM CFS 922

1. In Column A, enter name and birthdate of child cared for by county.

2. In Column B, enter court case number.

3. In Column C, enter period covered by parental payment.

4. In Column D, enter amount of parental payment received by county.

5. Repeat instructions 1-4 for each child for whom the county has paid.

6. In the "Total" blank for Column D, enter total for all parental payments received during the month by the county.