CFS 414 Rev. 10/2011



Illinois Department of Children and Family Services

			RE:		V	
			No			
Dear Ju	ıdge					
	the N	Department has concluded its cu Marriage and Dissolution of Mar osts against the parties.				
	the N	Department has rendered continuarriage and Dissolution of Marosts against the parties. This state	riage Act. We h	nerewith submit or	ir bill for services rende	
	1.	Social Worker time:	hours x \$1	8.25/hour		
	2.		hours x \$1			
	3.		hours x \$.3			
	4.		pages x \$.1			
	5.	Actual billing for professional	pilling for professional diagnostic assessment			
		ordered by this Court, as follo	ws:		<u> </u>	
	6.	6. Miscellaneous expenses, as follows:				
					TOTAL:	
The par		urties) should be advised to mak	te their check p	ayable to the Trea	asurer, State of Illinois,	and remit to the Department
If reque	ested s	an itemized statement of time wi	ll be submitted			
II reque	bica, i	an remized statement of time wi				
			V	Very truly yours,		
			_		Department Represent	ative
cc:						
		Attorney for Petitioner (or Petitioner if unrepresented	1)		Attorney for Res (or Respondent if un	pondent represented)

Office of the Director

406 E. Monroe Street • Springfield, Illinois 62701 217-785-2509 • 217-524-3715 Fax

