

HON. STEPHEN J. CULLITON  
CHIEF JUDGE

**DEPARTMENT OF PROBATION & COURT SERVICES**

EIGHTEENTH JUDICIAL CIRCUIT COURT  
DU PAGE COUNTY, ILLINOIS  
503 NORTH COUNTY FARM ROAD  
WHEATON, ILLINOIS 60187

ROBERT J. McELLIN  
DEPUTY CHIEF  
ADULT SERVICES

TIMOTHY P. McGAVIN  
DEPUTY CHIEF  
ADULT SERVICES

DONNA J. PAWLOWSKI  
DEPUTY CHIEF  
ADULT SERVICES

KEITH MENDENHALL  
SUPERINTENDENT  
JUVENILE DETENTION CENTER

PATRICIA M. HAYDEN  
DEPUTY COURT ADMINISTRATOR  
PROBATION

RAYMOND G. STUBNER  
DEPUTY CHIEF  
JUVENILE SERVICES

Adult Services Division  
(630) 407-8500  
FAX Number (630) 407-8501

**APPROVAL FOR BACKGROUND INVESTIGATION,  
CRIMINAL HISTORY & DRIVERS LICENSE CHECK**

As an employee for a company under contract with DuPage County, I realize that a background investigation & criminal history check shall be completed before the agency and its representatives can be approved to work with clients referred by the DuPage County Probation & Court Services Department. I hereby authorize the DuPage County Probation & Court Services Department to complete a criminal background check and search any law enforcement database necessary to conduct it.

*(Please complete one form for each person that will be working directly with those individuals referred by the DuPage County Probation and Court Services Department)*

Name: \_\_\_\_\_  
(PRINT)      LAST                      FIRST                      MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_