



**Illinois State Police
Offender Registration Unit**

Petition to Review the Circumstances Surrounding the Extension of Registration

Pursuant to the Sex Offender Registration Act (720 ILCS 150/1 *et seq.*) and/or the Murderer and Violent Offender Youth Registration Act (730 ILCS 154/1 *et seq.*):

I, _____, am petitioning the Illinois State Police (ISP) to review the circumstances surrounding the extension of my registration period.

I understand that if my registration was extended, I only have 10 business days from the time of the extension to petition ISP to review the circumstances surrounding the extension.

I am providing the following information, which I deem relevant and necessary, to investigate the circumstances surrounding the extension of my registration pursuant to Ill. Admin. Code tit. 20, § 1280.50 or § 1283.60 (2022):

Describe the reason for your petition for review. For example, details and circumstances regarding your failure to register as required by law; documentation and records supporting your explanation for failure to register (e.g. hospital release form, rehab release form, jail release form, family death certificate, obituary, etc.) Any other information relevant to explain your failure to comply with registration requirements. You may attach additional pages and documents as desired.

I understand that if I provide sufficient information for ISP to make a determination as to whether substantial justice has been done regarding the circumstances surrounding my extension of registration, ISP will issue a final decision regarding this extension.

I understand that if there is insufficient evidence for ISP to make a determination, ISP will send me notice of this finding, and I may then request a hearing regarding this determination. I acknowledge I am required to request this hearing within 30 days from the date the notice is sent, and I understand the request must be submitted through the provided form on ISP's website.

In addition, I hereby certify my email address is _____ (type or print carefully) and agree to electronic service at that address. If I request a hearing, I affirm that I have access to a computer with an internet connection. My telephone number is: _____ (type or print carefully), which can also be used for a hearing, if necessary.

I grant my authorization to ISP to investigate the extension of my registration period, as well as to any individual, organization, agency, or provider that maintains records relating to me to provide any records relevant to such investigation to any agent of ISP upon their request. The intent of this authorization is to give my consent for full and complete disclosure (verbal and documentary) of any relevant and necessary records to investigate the circumstances surrounding the extension of registration.

By requesting this petition to review, I specifically acknowledge that I waive my rights under the Health Insurance Portability and Accountability Act (HIPAA), as well as my rights under any state statute governing the confidentiality of medical records, including but not limited to the *Mental Health and Developmental Disabilities Confidentiality Act* (740 ILCS 110/5). I certify that any person or entity that may obtain, furnish or exchange such information concerning me shall be held harmless and not liable for providing this information. I do hereby release from all liability and promise not to sue said persons or entities, ISP, its agents and designees on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the furnishing or exchanging of information.

I affirm that I have legal authority to execute this release in that I am the subject of such records. A photocopy and/or an electronic copy of this release form will be valid as an original thereof, even though said photocopy and/or electronic copy does not contain an original writing of my signature.

I understand that:

- I have the right to revoke this consent in writing at any time, and this consent shall terminate in one year unless revoked sooner; and
- I have the right to inspect and copy any information that is disclosed pursuant to this release.

I have read and fully understand the contents of this "Petition for Review of Circumstances Surrounding Extension of Registration."

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address, City, State, Zip: _____

Last Four SS#: XXX-XX-_____ Other Names Used: _____

Signature of Parent/Guardian of Minor: _____

Printed Name: _____ Date: _____

Please Note: Pursuant to Ill. Admin. Code tit. 20, § 1280.50 and § 1283.60, **the petitioner (you) only have 10 business days from the time of the extension of your registration period to petition ISP to review the circumstances surrounding the extension.** If ISP concludes there is insufficient evidence to make a determination, ISP will provide notice to you regarding this determination. If you would like a hearing with ISP following this determination, **you must request this hearing within 30 days from the date the notice is sent.** The request for hearing must be submitted on the form provided on ISP's website.

This form must be completed, signed, dated, and returned to:

Illinois State Police Offender Registration Unit
801 South 7th Street, Suite 500 - Annex East
Springfield, IL 62703
email to: isp.sor.appeals@illinois.gov