



WRIT DISPOSITION FORM

Rushville Treatment and Detention Facility
17019 County Farm Road
Rushville, IL 62681
217-322-3204
217-322-2122 (fax)

DATE: _____

TO: Presiding Judge, Circuitry Court of _____ County

FROM: Illinois Department of Human Services
Sexually Violent Persons Treatment and Detention Facility
Rushville, Illinois

RE: Resident: _____ IDOC No.: _____

Court Docket No.: _____

In order to insure that the Illinois Department of Human Services has a constant update of the resident's status in this court case, we respectfully ask that you use this form to record the current disposition.

Case continued to ____ / ____ / ____ at _____ M., Room _____

Probable Cause

Status

Motions

Pre-Trial

Trial

Telephone Conference

Video Conference

Other: _____

All previously scheduled court dates are canceled.

Personal appearance by the resident is NOT required.

Other comments regarding resident's legal status: _____

Honorable Judge Printed Name

Honorable Judge Signature

Date