Illinois Department of Human Services
Office of the Inspector General
Statement

CHECK ONE: _____ INITIAL STATEMENT _____ FOLLOW-UP STATEMENT
CASE#:_____ FACILITY/AGENCY:_____
NAME/TITLE (PRINT):_____
DATE: _____ TIME STARTED:_____TIME ENDED_____
INTERVIEWED BY NAME/TITLE (PRINT):_____
OTHER PERSONS PRESENT:_____

I, _____ state the following information concerning my involvement in the above referenced case to Investigator(s) of the Office of the Inspector General, Illinois Department of Human Services:

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I have read each page of this statement, consisting of ____ page(s), each page bears my signature and corrections, if any, bear my initials, and I certify the facts stated herein are true and correct.

Interviewee:_____Date:_____

Interviewer:_____ Title:_____