



STATE'S ATTORNEYS APPELLATE PROSECUTOR

Administrative Office • 725 South Second Street • Springfield, IL 62704 • 217-782-1628 • Fax 217-782-6305

REQUEST FOR SPECIAL PROSECUTION ASSISTANCE

Requesting State's Attorney: _____ Requesting County: _____

Authorized Individual
Completing this Request: _____ Today's Date: _____

Open Case:

Investigation:

Case/Investigation
Name: _____

Case Number(s): _____

Felony: Misdemeanor: Juvenile: Traffic: Other:

Offense(s): _____

Next Court _____

Date/Time/Location: _____

Special Prosecutor:

Special Assistant:

Review Only:

If Special Prosecutor,
list specific reason(s)
for conflict: _____

Summary of matter: _____

Please submit this form via email, fax, or mail to the address listed to the right. Once approved, an Agency representative will contact you. If the case or investigation requires a Special Prosecutor, an order appointing the Agency will be required. Cases/investigations requiring assistance or review only do not require a court order. **IT IS NECESSARY TO SEND THE REQUEST TO THE AGENCY PRIOR TO OBTAINING AN APPROVAL FOR APPOINTMENT.**

Chad Hilligoss
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INTERNAL USE ONLY

Accepted: Declined:

Director

Date

Special Prosecutor Assigned: _____

Notes: _____