



SEX OFFENDER MANAGEMENT BOARD

Reimbursement Request Form

DATE: _____

Please remit form and supporting documentation to:
Alyssa Schafer, Illinois Department of Corrections, SOMB Reimbursement Request
1301 Concordia, Springfield, IL 62794

OFFENDER INFORMATION

Offender: _____ Case #: _____

Adult Juvenile Type of Evaluation: Pre-Sentence Pre-Release

SOMB APPROVED PROVIDER INFORMATION

Agency: _____ County: _____

Address: _____ City, State, Zip: _____

Provider: _____ Phone: _____

Date of Service*: _____ Service(s) Provided: _____

AGENCY REQUESTING REIMBURSEMENT

Agency: _____ County: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

SUPPORTING DOCUMENTATION

- Proof of Determination of Indigence (Court documentation appointing a public defender)
- Copy of Invoice submitted by the SOMB Approved Provider and/or their Agency
- Copy of Cancelled Check as Proof of Payment from Agency Requesting Reimbursement

Please allow six to eight weeks for reimbursement to be processed

**Services must be provided within the current fiscal year to qualify for reimbursement*