United States Attorney's Office
Northern District of Illinois
Individual Self-Disclosure Program

INTAKE FORM

Name of individual: _____

Phone number: _____

Email: _____

Date of Birth: _____

Address _____

_____

Name of counsel (if applicable): _____

If applicable:

Name and address of entity: _____

Position within entity: _____

Time affiliated with entity: _____

Have you previously reported this misconduct to the Department of Justice or any other federal, state, or local law enforcement agency? If so, please explain: _____

_____

_____

Please discuss in detail the conduct you wish to report or self-report: _____

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