State of Illinois
JB Pritzker
Governor

IGAC
Illinois Guardianship and Advocacy Commission

Tracey B. Fleming
Director

Human Rights Authority
Legal Advocacy Service
Office of State Guardian

HUMAN RIGHTS AUTHORITY MEMBER APPLICATION

Name: _____ Home Telephone: _____

Address: _____
(Please include city & zip code)

Work Telephone: _____ Cell Phone:_____ E-Mail:_____

Preferred means to contact you:_____

Presently Employed By: _____

Address: _____
(Please include city & zip)

Past Employment and/or Other Relevant Experience: _____

_____

_____

Education/Area of Study: _____

Why does serving on the Human Rights Authority interest you at this time? _____

_____

How much time can you devote to HRA duties? _____

_____

Can you attend monthly meetings? Yes: _____ No:_____

Are you currently involved in any litigation? Yes: _____ No: _____ If "Yes", please explain: _____

_____

References: 1. _____
_____
2. _____
_____

GAC 403-0287 (Rev 11/25)
IL 537-0047

_____
Signature Date

Internal Use Only- Provider Y/N Type:_____ Region: _____ Date Submitted: _____
Outcome: _____

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