



Request for Removal from APS Registry Form

Use this form if you (Petitioner/caregiver) want to request removal of your name from the Adult Protective Services Registry (Registry). The request may only be made in relation to a single Registry placement decision. The Petitioner is responsible for proving by a preponderance of the evidence that removal of his/her name from the Registry is in the public interest. The request for removal may be filed with the:

Illinois Department on Aging
 Office of Adult Protective Services
 Attention: APS Registry Removal Request
 One Natural Resources Way, #100
 Springfield, Illinois 62702-1271

OR via email at AGING.APSQuestions@illinois.gov **OR** Fax at (217) 524-9644.

Petitioner Contact Information:

First Name	Last Name	Telephone Number	Date of Birth
Mailing Address		City	State, Zip Code
County	Email Address	9-digit Social Security Number	
APS Case ID Number		Date of Notice to Caregiver-Recommendation for Placement on APS Registry	

Basis for Removal Request:

The Illinois Department on Aging (Department) may consider the following factors in making its determination on whether to remove the Petitioner’s identity from the Registry. Please enclose written evidence or supporting documentation for applicable factor(s) checked below.

I (Petitioner) AM REQUESTING removal from the Registry based on the following factor(s):

Check applicable boxes:

- Length of time the Petitioner provided care to the victim;
- Relationship between the Petitioner and the victim;
- Whether removal of Petitioner’s identity on the Registry is in the victim’s best interest or that of other participants;

continued on page 2

- Whether Petitioner completed training to remediate the abuse, neglect, or financial exploitation;
- In the case of financial exploitation, the value of asset(s) at issue and whether restitution was made;
- Because no criminal charges were filed against the Petitioner; and/or
- Other reason. Please describe or explain.

The Petitioner may file this form at any time after his/her identity has been placed on the Registry. If signed by a person other than the Petitioner, please attach written authorization to file the request for removal.

Please note: Within 30 calendar days after completion of the review, the Illinois Department on Aging will issue a written decision either granting or denying removal of the caregiver’s identity from the Registry.

Petitioner Signature (or Signature of Representative):

Date:

For IDoA Office Use Only

Petitioner Name:	Date Request for Removal Received:	Date of Postmark, if mailed (attach or scan envelope):
Method:	IDoA Final Decision:	Date of Decision: