

33242208

In the Circuit Court of Cook County, Illinois
MUNICIPAL DEPARTMENT

MEMORANDUM OF JUDGMENT

The People of the State of Illinois

Date of Notice FEBRUARY 21, 19 95

City of Chicago _____
CITY OR VILLAGE

Case No(s) 95-1-227445

PINEX, ROBERT
DEFENDANT

Bond No. 11671179 Amount \$ 1,000

Violation(s) or Charge(s) 720 5/16A-3A \$23.00
DEPT-07
T89999 TRAN 7694 04/11/95 15:01:00
89971 DW 4--95-242208

JUDGMENT RENDERED AGAINST

To: PINEX, ROBERT
NAME OF DEFENDANT
6425 S LOWE
ADDRESS

To: COOK COUNTY RECORDER
ADDRESS

CHGO IL
Illinois

ON FEBRUARY 14 19 95 in the Municipal Department, 1ST District in the Circuit Court of Cook County,
MONTH DAY

Illinois, located at:

737 E. 111TH ST. Chicago CHICAGO Illinois, in branch
NUMBER AND STREET CITY OR VILLAGE

No. 38 Room No. 1 bail of the said defendant in the amount of \$ 1,000 was forfeited

and that on MARCH 21 19 95 at 11:00 AM a judgment was entered against the said defendant for the
MONTH DATE TIME

sum of \$ 1,000 + 25 and costs, and that the defendant is credited the sum of \$ 0

on account of the aforementioned bail deposit leaving a judgment balance due plaintiff of \$ 1,000 + 25

STATES ATTORNEY OF COOK COUNTY
CIVIL LAW DEPARTMENT
RICHARD J. DALEY CENTER, ROOM 500
CHICAGO, ILLINOIS 60602

WILL CALL

MISSOURI

RECEIVED
 DEPARTMENT OF REVENUE
 TAXPAYER'S STATEMENT
 1994-1995
 TAXPAYER'S NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S NAME: [REDACTED]
 EMPLOYER'S ADDRESS: [REDACTED]
 EMPLOYER'S CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

PROPERTY OF COOK COUNTY CLERK'S OFFICE

TAXPAYER'S STATEMENT
 1994-1995
 TAXPAYER'S NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S NAME: [REDACTED]
 EMPLOYER'S ADDRESS: [REDACTED]
 EMPLOYER'S CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

RECEIVED
 DEPARTMENT OF REVENUE
 TAXPAYER'S STATEMENT
 1994-1995
 TAXPAYER'S NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S NAME: [REDACTED]
 EMPLOYER'S ADDRESS: [REDACTED]
 EMPLOYER'S CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]