

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION				
General Tracking		Contract Terms				
FILE ID#: 25-2583	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$42,000.00 CONTRACT TOTAL COST WITH ALL RENEWALS: \$42,000.00			
	TARGET COMMITTEE DATE: 11/18/2025	PROMPT FOR RENEWAL:				
	CURRENT TERM TOTAL COST: \$42,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM			
Vendor Information		Department Information				
VENDOR: VENDOR #: Law Offices of William G. Worobec 12961		DEPT: 18th Judicial Circuit Court	DEPT CONTACT NAME: Nicole Swiss			
VENDOR CONTACT: William G. Worobec	VENDOR CONTACT PHONE: 630-665-3400	DEPT CONTACT PHONE #: 630-407-8788	DEPT CONTACT EMAIL: Nicole.Swiss@DuPageCourts.gov			
VENDOR CONTACT EMAIL: William.Worobec@yahoo.com	VENDOR WEBSITE:	DEPT REQ #:				

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Professional services as a Child Protection GAL Attorney assigned to juvenile cases for the period of December 1, 2025 through November 30, 2026 for a total of \$42,000.00.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Statutory need for the court to appoint an attorney for representation of juvenile cases. Attorneys are appointed by the Court to represent abused, neglected, dependent or delinquent minors or family members in cases where the DuPage County Public Defender may not represent a party, including appeals in these matters.

SECTION 2: DECISION MEMO REQUIREMENTS		
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.	
OTHER PROFESSIONAL SERVICES (I	DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO				
SOURCE SELECTION	Describe method used to select source. Attorney Worobec has been successfully filing the position and the Judiciary wishes to continue to have him in the position.			
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1. To approve contract with Law Office of William G. Worobec, attorney William G. Worobec. 2. To appoint individual private attorneys per case, this would be significantly more expensive. 3. Add a juvenile conflict attorney to the court's headcount.			

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION					
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.				
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.				
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.				
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products of services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.				

Send Purch	ase Order To:	Send Invoices To:				
Vendor: Law Office of William G. Worobec	Vendor#: 12961	Dept: Division: 18th Judicial Circuit Court				
Attn: William G. Worobec	Email: William.Worobec@yahoo.com	Attn: Nicole Swiss	Email: Nicole.Swiss@DuPageCourts.gov			
Address: 207 Reber Street, Suite 201	City: Wheaton	Address: 505 N. County Farm, Room 2015	City: Wheaton			
State: IL	Zip: 60187	State: Zip: IL 60187				
Phone: Fax: 630-665-3400 630-260-0040		Phone: 630-407-8788	Fax: 630-407-8836			
Send Payments To:		Ship to:				
Vendor: (same as above)	Vendor#:	Dept: (same as above)	Division:			
Attn:	Email:	Attn: Email:				
Address:	City:	Address: City:				
State:	Zip:	State:	Zip:			
Phone: Fax:		Phone:	Fax:			
Shi	pping	Contract Dates				
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2025	Contract End Date (PO25): Nov 30, 2026			

					Purcha:	se Requisi	tion Lir	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	12	EA	Monthly Svcs	Child Protection GAL Attorney	FY26	1000	5900	53030		3,500.00	42,000.00
FYis	require	d, ensure	e the correct FY	is selected.						Requisition Total \$	42,000.00

Comments				
HEADER COMMENTS	Provide comments for P020 and P025.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on P0.			
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.			
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.			