

READ ALL INSTRUCTIONS CAREFULLY. Select your choice by marking an "X" in either A, B or C of Section I.

You may not have to go to court in person, if your ticket is marked "No Court Appearance Required." The Clerk of the Court must receive your request prior to your assigned court date as outlined in each section. **If you are a driver under the age of 18 years old and request court supervision, you need to appear in court with a parent or guardian.**

SECTION I

- A. Plead not guilty and request a trial.** (Notice will be mailed with new court date.) Read and/or complete **Sections II and V.**
- B. Plead Guilty, Pay \$120.00**, unless complaint is for speeding **more than 20 mph but not more than 25 mph over the limit, then pay \$140.00.** A conviction is reported to the Secretary of State. Read and/or complete **Sections III, V and VI.** Mail with applicable costs in envelope provided or mail to: Clerk of the Circuit Court - Traffic Section, 14 W. Jefferson St., Rm. #212, Joliet, IL 60432.
- C. Avoid a Conviction on Your Driving Record, Plead Guilty, Register for the Driver Safety Program and pay \$160.00, nonrefundable.** Motorists charged with driving more than 20 mph but not more than 25 mph over the posted limit must pay an additional \$20 for a total of **\$180.00, nonrefundable.** Read and/or complete **Sections IV, V, VI and Application for Court Supervision and Registration Form for the Driver Safety Program (on reverse side)** with applicable *FINES AND COSTS and mail in envelope provided.

You may request court supervision by: **1) Checking Box C; 2) Reading Section IV; 3) Completing Section V and VI; 4) Completing the APPLICATION FOR COURT SUPERVISION AND DRIVER SAFETY PROGRAM (on the reverse side); 5) Including \$40.00 for Driver Safety Program costs along with applicable *FINES AND COSTS; 6) mail to the Clerk of the Court as noted in Section IV.** **If more than one citation is issued, speed exceeds 25 mph of posted speed limit you are ineligible for the Driver Safety Program by mail and must appear in court.**

SECTION II

If you marked **Box A**, you must read and/or complete **Sections II and V.**

1. **Complete Section V** of the form. A new court date will be set and you will be notified of the location, time and date of trial. Do not come to court until you are notified. When you are notified, you should come to court prepared for trial and bring any witnesses you may have. Do not send in accident reports. **DO NOT MAIL TO THE POLICE DEPARTMENT.**
2. **Indicate** what kind of trial you want – MARK ONLY ONE (1) BOX. **I WISH TO PLEAD NOT GUILTY AND REQUEST:**
 - A. Trial by Judge**
 - B. Trial by Jury**
(Jury demand fee may apply.)
3. **Mail** to the **Clerk of the Circuit Court - Traffic Section, 14 W. Jefferson St., Rm. #212, Joliet, IL 60432**, at least **ten (10) work days** (excluding Saturdays, Sundays or holidays) before the day set for your appearance in court, which is noted on the bottom half of your ticket (Court Section)

SECTION III

If you marked **Box B**, you must read and/or complete **Sections III, V and VI** and return in envelope provided or to Clerk of the Circuit Court.

PLEA OF GUILTY AND WAIVER

I, the undersigned, do hereby plead guilty to the charge noted on the ticket, I understand my right to a trial, that my signature to this plea of guilty (**Section VI**) will have the same force and effect as a judgment of court and that this record will be sent to the Secretary of State of this State (or of the State where I received my license to drive). I hereby PLEAD GUILTY to the said offense on the ticket, give up my right to trial, and agree to pay the penalty required. If I have posted cash bail I understand that it will automatically be applied to the applicable fines/costs. I have included a money order or cashier check for the balance owed.

SECTION IV

If you marked **Box C**, you must read and/or complete **Sections IV, V, VI and the APPLICATION FOR COURT SUPERVISION AND DRIVER SAFETY PROGRAM (on reverse side) along with applicable *FINES AND COSTS including \$40.00 for Driver Safety Program. Do not send cash.**

GUILTY PLEA or GUILTY PLEA AND REQUEST COURT SUPERVISION

If No Court Appearance is required and you intend to plead GUILTY: Complete **Section V** of this form, sign your name and mail, including the prescribed fines, penalties and costs to the **Clerk of the Circuit Court - Traffic Section, 14 W. Jefferson St., Rm. #212, Joliet, IL 60432**, no earlier than **ten (10) work days** after the date ticket was issued and no later than **three (3) work days** before the date set for your appearance in court, noted on the bottom half of your ticket in the (Court Section). **Do not appear in court.**

SECTION V

Complete this Section and return in the envelope provided or mail to: Clerk of the Circuit Court – Traffic Section, 14 W. Jefferson St., Rm.# 212, Joliet, IL 60432.

Name (Please Print) _____ Telephone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Ticket Number _____ Date of Court Appearance, noted on the bottom half of your ticket in the (Court Section) _____

SECTION VI

YOUR SIGNATURE _____

DATE _____/_____/_____

***FINES AND COSTS**

The fines and costs where court appearances are not required are:

- a. \$120.00 for all complaints, except (b) and (c) below;
- b. \$60.00 for seat belt violations cited under 625 ILCS 5/12-603.1;
- c. \$140.00 for speeding more than 20 mph but not more than 25 mph over the limit.

Payment options: money order, certified check, bank draft, or traveler's check (**personal checks not accepted**) unless otherwise authorized by the clerk of the court. Payment must be made payable to the Clerk of the Circuit Court. (**DO NOT SEND CASH IN THE MAIL**; use cash only when paying in person.) To pay by debit/credit card, visit www.willcountycircuitcourt.com.

Check here if paid by debit/credit card and include your Confirmation Number: _____

APPLICATION FOR COURT SUPERVISION AND DRIVER SAFETY PROGRAM

COUNTY OF WILL) SS

I, _____ (print your name) _____ certify under the penalty of perjury pursuant to 735 ILCS 5/1-109 as follows:

I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS AFFIDAVIT MAY SUBJECT ME TO CONTEMPT OF COURT PROCEEDINGS AND/OR A FELONY COMPLAINT BEING FILED AGAINST ME FOR THE CRIMINAL OFFENSE OF PERJURY.

I have not attended the 4 HOUR DRIVER SAFETY PROGRAM as part of Court Supervision within the last 12 months in any court for a traffic violation of any state statute or similar municipal ordinance.

I further understand that I do hereby PLEAD GUILTY to said offense as charged, WAIVE my constitutional rights as set forth in the traffic charge received AND that my plea of guilty will be accepted and a conviction entered if my driving record indicates that I have attended the 4 HOUR DRIVER SAFETY PROGRAM as part of Court Supervision within the past 12 months.

I further understand that if I am not eligible OR fail to timely complete the 4 HOUR DRIVER SAFETY PROGRAM OR have attended the 4 HOUR DRIVER SAFETY PROGRAM within the past 12 months OR violate the law for another traffic violation within my Court Supervision period OR fail to pay the appropriate fine, costs, or fees, that a conviction will be entered against me and reported to the Secretary of State for inclusion on my driving record.

Sign Here: X _____

Date: ____/____/____

The **Driver Safety Program**: Your class assignment form will be mailed to you in approximately 30 days. It is not necessary to call the Driver Safety Program office to schedule a class time. Some class sites have limited or restricted schedules. Sign language interpretation is available upon request. Your requests will be honored, if possible, or the closest possible change will be made. The **Driver Safety Program reserves the right to place you into a different time, day and location on an as needed basis.** If you are unable to attend your scheduled class, **immediately call the Driver Safety Program Office and reschedule.** (You may reschedule one time at no charge.) You must call 24 hours prior to the date stamped on your class assignment form to reschedule, or a \$10 rescheduling fee will be charged. **if you miss or are late for your class, YOU MUST reschedule a new class and pay \$10 within 10 days of your scheduled date or a conviction will be reported.**

Driver Safety Program - Joliet Junior College
1215 Houbolt Road, T Building - Room 1007, Joliet, Illinois 60431
(815) 280-1401
Hours: 8:00 a.m. - 4:00 p.m. Monday - Friday

DRIVER SAFETY PROGRAM INSTRUCTIONS - Complete this side only if you chose **Box C**

REGISTRATION FORM FOR THE DRIVER SAFETY PROGRAM

PUT AN "X" IN THE BOX OF YOUR CHOICE FOR QUESTIONS 1-7 BELOW. **TO REGISTER:** Complete the Registration Form below. This Form must be received by the Circuit Clerk not later than **three (3) business days** prior to your assigned court date along with the applicable fee (money order or cashier check must be payable to CLERK OF THE CIRCUIT COURT. **Do not send cash or personal check**). Use the envelope provided or mail to: **Clerk of the Circuit Court - Traffic Section, 14 W. Jefferson St., Rm. #212, Joliet, IL 60432**

1. What is your choice of language? English Spanish
2. What day do you want to attend class? Monday Tuesday Wednesday Thursday Saturday (No 6p.m. classes on Saturday)
3. What time do you want to attend class? 8a.m.-12p.m. 1p.m.-5p.m. 6p.m.-10p.m.
4. Where would like to attend class? University Park Romeoville/Bolingbrook Joliet Outside of Will County (There may be an extra fee associated with this option.)
5. What is most important to you? Day of week Time of day Class location
6. Do you require a facility that has disabled access? Yes No
7. Do you require a Sign Language interpreter? Yes No

The Driver Safety Program reserves the right to place you into a different time, day and location on an as needed basis.

PLEASE PRINT ALL INFORMATION IN THE FOLLOWING SECTION.

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS APARTMENT NUMBER

CITY STATE ZIP CODE COUNTY

_____/_____/_____
DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE OF ISSUE

(_____)_____
HOME PHONE NUMBER (_____)_____
WORK PHONE NUMBER (_____)_____
OTHER PHONE NUMBER

TICKET NUMBER TICKETED DATE

This form (AND PAYMENTS FOR CHOICES SELECTED IN **BOX B** OR **C** on reverse side) must be received not later than **three (3) business days** prior to your assigned court date (noted on the bottom half of your ticket in the (Court Section) or your driving privileges may be suspended. Your driver's license or bond card will be mailed to you after your payment is received and processed. Keep a copy of your ticket until your driver's license or bond card is returned to you.