

WHEN YOU RECEIVE A TRAFFIC TICKET, YOU HAVE THREE CHOICES. YOU MUST ENTER A PLEA (even if bond was posted on the ticket). **PLEASE SIGN AND DATE WHERE PROVIDED AND RETURN THIS ENTIRE FORM AFTER SELECTING ONE OF THE CHOICES BELOW:**

_____ **PLEAD GUILTY** and pay \$120, unless the complaint for speeding is for 21-25 miles per hour over the limit then the fine is \$140 or for No Seat Belt the fine is \$60, by mail or in person, without going to court (if you are charged with speeding 26 miles per hour and over the posted speed limit, you “MUST APPEAR IN COURT”). By signing below, I understand my right to a trial, that my signature to this plea of guilty 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 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 a trial and agree to pay the penalty required.

_____ **PLEAD NOT GUILTY** and mail this form at least TEN (10) work days before the date set for your court appearance at the bottom of your ticket. A new appearance date will be set and you will be notified of the time and date of your trial. Do not come to court until you are notified. You should come to court prepared for trial and bring any witnesses you may have. If you are found guilty, your court costs and fines are determined by the court and may be higher. I wish to PLEAD NOT GUILTY and request a _____ Trial by Judge or a _____ Trial by Jury (may require a fee).

_____ **PLEAD GUILTY AND APPLY FOR COURT SUPERVISION.** Keep a guilty conviction from affecting your driving record by completing the Driver Safety Program through Waubonsee Community College. Your court supervision will be reported but a conviction will not be entered on your record. Complete the Applications for Court Supervision and the Driver Safety Program (see other side) and enclose a payment of \$185 (which includes a non-refundable class fee) payable to the Clerk of the Circuit Court and mail both in the pre-addressed envelope (you may also apply for supervision for speeding 21-25 miles per hour over the posted speed limit with a payment of \$205 (which includes a non-refundable class fee). If you are charged with speeding 26 miles per hour and over the posted speed limit, you “MUST APPEAR IN COURT.”

Ticket Number _____

Signature Date

**Waubonsee Community College
Driver Safety Program
DSP@waubonsee.edu
18 South River Street
Aurora, IL 60506-4134
(630) 892-3675**

Hours: 8:00 a.m. to 4:30 p.m. Monday - Friday

The Waubonsee Community College Driver Safety Program is an opportunity for you to receive court supervision for this violation without going to court. If you complete the class during your 120 day court supervision period and do not receive any additional tickets during this time, the Secretary of State will not assess points against your driving record. If you fail to complete the class during this period, a conviction will be entered on your case and reported to the Secretary of State.

When you apply for court supervision, the Circuit Clerk’s Office processes your ticket and sends the College your school registration if you are approved. The College will notify you by mail of the time, date and location of your class within 30 days of receiving this information from the Circuit Clerk. You may reschedule one time at no charge if it is done at least 24 hours (one business day) in advance of the class date. If you are late or miss your class, the rescheduling fee is \$25.

Please review these guidelines before applying to participate in the Driver Safety Program:

- If you apply for the program and are found to be ineligible, **the class fee cannot be refunded.**
- Drivers under 20 years of age will be placed in the Alive at 25 program, to which in-person attendance is required. Requests for exceptions to this rule must be made in writing and approved by the Court.
- If you have a CDL Driver’s License, you are not eligible to participate in the mail-in court supervision program, however, you may request supervision from the court.
- If your ticket is marked “MUST APPEAR IN COURT”, you are required to appear in court on the date shown and cannot participate in the mail-in court supervision program.
- You may receive mail-in court supervision for one ticket each year (the year is figured from ticket issue date to ticket issue date).
- Seat belt tickets are non-moving violations and do not require you to attend the Driver Safety Program.

If you are applying for mail-in court supervision, you must enter the appropriate Plea and complete the Applications for Court Supervision and the Driver Safety Program (see other side). The Driver Safety Program will do its best to honor your selections, however, they reserve the right to place you into a different time, day and location as needed.

COURT APPEARANCES

If your ticket is marked “NO COURT APPEARANCE REQUIRED”, you must still send in your signed Plea:

- If you posted cash bail with the Police Officer, and intend to plead guilty, you may complete this form and mail it to the Circuit Clerk.
- If you did not post cash bail, and intend to plead guilty, you may complete this form and mail it to the Circuit Clerk, along with your payment 3 days prior to your court date.

If your ticket is marked “MUST APPEAR IN COURT”:

- You may not satisfy this case in advance of your court date.
- You must appear in court.

ACCEPTABLE PAYMENT TYPES

(Do not send cash)

Personal checks or money orders should be made payable to the Clerk of the Circuit Court. Any checks returned by the bank for any reason will incur a \$25 service charge. You can also pay by credit card (a processing/convenience fee will be added to the transaction). Credit card payment information is available online at www.cic.co.kane.il.us. If you posted a bond, it will be applied to the fine. In this case, only send the balance owed with your signed plea.

VIOLATIONS FOR FAILURE TO CARRY PROOF OF INSURANCE

An individual charged with this violation may appear at the office of the Circuit Court Clerk, at least 3 business days before the court date, to show proof from your insurance agent or company that your insurance was in effect at the time that the citation was issued. You may be required to sign a sworn affidavit.

IMPORTANT: YOU MUST ENTER AND SIGN YOUR PLEA ON THE LEFT SIDE OF THIS FORM.

To apply for Court Supervision, you must enter the Plea on the other side and complete both applications on this page.

APPLICATION FOR COURT SUPERVISION

Please read this application carefully so that you understand your responsibilities. Use ink to complete the form and make sure that the information is accurate and readable. This application, payment and class information are available online at www.cic.co.kane.il.us

I _____ (print name) certify that the following statements are true:

I am requesting that the court place me on supervision for the enclosed traffic violation. It does not require me to appear in court. I do not have a CDL Driver's License.

I understand that my supervision will last 120 days from the date my request is processed and I cannot receive any other traffic violations during this time.

I have not been placed on court supervision (either by court appointment or by participating in this or any other Driver Safety Program) for any other traffic violation that was issued within 12 months of the date this ticket was issued.

I agree to pay the fine for this ticket including the school fee (non-refundable) with this application.

I understand that I am PLEADING GUILTY to the charge on this ticket and WAIVE my right to a hearing by the court or jury and request court supervision.

I agree to complete the Driver Safety program within 120 days of my application being processed.

I understand my supervision can be revoked and my guilty plea entered as a conviction if:

- 1. I am found ineligible.
2. I do not complete the class within 120 days of my application being processed.
3. I receive another traffic violation within my supervision period.

Ticket Number _____

Signature for Supervision Plea Only _____ Date _____

APPLICATION TO ATTEND THE DRIVER SAFETY PROGRAM

First Name: _____

Last Name: _____

Middle Initial: _____ Sex: M F

Street Address: _____

City & State: _____

Apt. No. & Zip _____

Date of Birth: Mo. _____ Day _____ Yr. _____

Driver's License No.: _____

Driver's License State: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Ticket No. _____

Ticket Date: _____

Check one response for each question. If you are requesting the Internet Class, complete #4 only.

- 1. What is your choice of language?
2. What day do you want to attend class?
3. What time do you want to attend class?
4. Which location would you like to attend?
5. What is most important to you?
6. Do you require a facility that has disabled access?
7. Do you require a sign language interpreter?