

WHEN YOU RECEIVE A TRAFFIC TICKET, YOU HAVE THREE CHOICES. YOU MUST ENTER A PLEA. PLEASE SIGN AND DATE WHERE PROVIDED AND RETURN THIS ENTIRE FORM AFTER SELECTING ONE OF THE CHOICES BELOW: Please select one of the following & sign.

_____ **PLEAD GUILTY.** I hereby PLEAD GUILTY to the offense named on the ticket, and WAIVE my right to any trial. I am including with this form (signed below) my payment of \$164. I understand 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 Illinois Secretary of State (or the State where I received my license to drive). Note: If my ticket was marked, "MUST APPEAR," the Circuit Clerk will not accept a mail-in guilty plea.

_____ **PLEAD NOT GUILTY AND GO TO COURT.** I hereby PLEAD NOT GUILTY and request (choose one) ___ trial by judge OR ___ trial by jury (which may require an additional fee). I am mailing this form at least TEN (10) business days before the date set for court appearance at the bottom of my ticket. You will be notified of the time and date of your trial. You should come to court on that date prepared for trial, including any witnesses you may have. If you are found guilty, court costs and fines are determined by the court and may be higher.

_____ **PLEAD GUILTY AND APPLY FOR COURT SUPERVISION.** I hereby PLEAD GUILTY and REQUEST court supervision. If accepted, this would keep a guilty conviction from affecting your driving record. You must complete the SafeRoads Driver Program. Your court supervision will be reported but a conviction will not be entered on your record. Complete the other side of this brochure for Court Supervision / Kane County Driver Program; enclose a payment of \$164 payable to the Clerk of the Circuit Court; and mail to the Circuit Clerk in the pre-addressed envelope. You will be required to pay an additional \$65.00 fee upon registration with the SafeRoads Kane County Driver Program. NOTE > Be sure your ticket is marked "NO COURT APPEARANCE REQUIRED," because for certain offenses, such as speeding in excess of 26 miles over the limit, or for more than one ticket, you "MUST APPEAR IN COURT."

TICKET NUMBER: _____

Signature/Date

COURT APPEARANCES

If your ticket is marked "NO COURT APPEARANCE REQUIRED", you must still send in your signed plea:

- If you intend to plead guilty, or plead guilty and apply for court supervision, you must complete this form and mail it with payment to the Circuit Clerk. Payment must be received 3 business 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 by this mail-in procedure.
- 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 fee will be added to the transaction). Credit card payment information is available online at www.cic.co.kane.il.us. IF YOU PAY ONLINE YOU MUST ALSO SIGN THIS FORM AND SEND IT IN.

VIOLATIONS FOR FAILURE TO CARRY PROOF OF INSURANCE

An individual charged with this violation may appear at the Clerk of the Circuit Court, 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.

MAILING ADDRESS

Mail this whole form to the 16th Judicial Circuit Clerk in the envelope provided.

Clerk of the Circuit Court of Kane County
540 South Randall Road
St. Charles, IL 60174-1534

APPLICATION TO ATTEND

THE SAFEROADS KANE COUNTY

DRIVER PROGRAM (Please print clearly)

First Name: _____

Last Name: _____

Middle Initial: _____

Street Address: _____

City & State: _____

Zip _____

Date of Birth: Mo. _____ Day _____ Year _____

Driver's License No.: _____

Driver's License State: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Email Address: _____

Ticket No. _____

Ticket Date: _____

APPLICATION FOR COURT SUPERVISION

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

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

- I am requesting that the court place me on supervision for the enclosed traffic violation. The ticket does not require me to appear in court. I do not have a Commercial Driver's License (CDL).
- 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 more than two (2) times for any other traffic violations within 12 months of the date this ticket was issued.
- I agree to pay the fine for this ticket to the 16th Judicial Circuit Clerk, with this application. An additional fee of \$65 will be due to the SafeRoads Kane County Driver Program upon your subsequent registration for the driver safety class. All fines due to the Clerk of the Circuit Court must be paid before registering for the driver safety program. ***I understand that I am PLEADING GUILTY to the charge on this ticket and WAIVING my right to a hearing by the court or jury and requesting 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 do not complete the driver safety program within 120 days of my application being processed.
 2. I receive another traffic violation within my supervision period.

If you are found to be ineligible for mail-in supervision, you will be notified by the Clerk of the Circuit Court to appear in court. If you fail to appear, a conviction may then be entered against you.

TICKET NUMBER: _____

SafeRoads Kane County Driver Program

If you have Pleaded Guilty and Asked for Court Supervision: Once you have been found eligible for the SafeRoads Kane County Driver Program you will receive an email* from us with a link for you to set up an account with us. This will allow you to choose the class that you would like to take. Classes are available in-person and online, in Spanish and English. Once you have registered and paid for your class, you will receive an email* from us verifying your information and your selection. It is your responsibility to conclude your driver safety class and period of court supervision.

If you have pleaded NOT GUILTY or you are Required To Go To Court: Once you have been to court and if the judge has ordered you to take a driver safety class, you will receive an email* from us with a link for you to set up an account with us. This will allow you to choose the class that the judge has ordered for you. Classes are available in-person and online, in Spanish and in English. Once you have registered and paid for your class, you will receive an email* from us verifying your information and your selection. It is your responsibility to conclude your driver safety class and period of court supervision.

Age 20 and under: If you were under the age of 21 (including up to one day prior to your 21st birthday) at the time of the ticket, you must take the ALIVE@25 class in person unless otherwise ordered by the Court. This class is not offered online. You will receive an email* from us with a link for you to set up your account with us. This will allow you to choose the in-person ALIVE@25 class that fits your schedule. Classes are available in Spanish and English. Once you have registered and paid for your class, you will receive an email* from us verifying your information and your class selection. It is your responsibility to conclude your driver safety class and period of court supervision.

* If you do not have an email address, you will receive a letter through the US Mail.

SafeRoads Kane County Driver Program Costs:

- Defensive Driving 4-hour Class: \$65.
- Defensive Driving 8-hour Class: \$95.
- Alive@25 Class: \$65.

Please reach out to us with any questions.



Together, we can ensure

safer travel for

everyone

in Kane County.



SafeRoads Kane County Driver Program

555 South Randall Road, Suite 205
St. Charles, IL 60174
(630)524-4403

www.saferoadskanecounty.org

Email: info@saferoadskanecounty.org