

**COMPLETE THIS FORM  
TO REQUEST COURT SUPERVISION**

**DRIVERS UNDER 21 CANNOT USE THIS FORM  
AND MUST APPEAR IN COURT  
TO REQUEST SUPERVISION**

**PLEA OF GUILTY AND AFFIDAVIT FOR COURT  
SUPERVISION**

I have not had a conviction nor have I received court supervision two (2) or more times in Illinois for a violation of any state statute or municipal ordinance which is a moving violation reportable to the Secretary of State within twelve (12) months of receiving this citation.

If I have been granted supervision or have been convicted of a moving violation two or more times within the past twelve months, **I understand that supervision may be denied and a conviction entered against me.**

I further understand that if I violate the law with another moving traffic violation within the 90-day period for which I have been granted supervision, that it may be revoked and conviction(s) entered against me and reported to the Secretary of State.

I understand that any false statement on this affidavit may subject me to a contempt of court proceeding or a felony complaint being filed against me for the crime of perjury.

I understand that if I am 21 years old or older, and if I receive 3 convictions of moving violations within a 12 month period, it may result in the suspension of my license.

**YOU MUST COMPLETE THE PAYMENT  
INFORMATION ON THE REVERSE SIDE**

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**PRINT YOUR NAME AS IT APPEARS ON THE TICKET**

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**YOUR SIGNATURE IS REQUIRED**

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

POLICE DEPARTMENT: \_\_\_\_\_

TICKET NUMBER: \_\_\_\_\_

## PAYMENT INFORMATION

The amount of payment where a court appearance is **not** required is:

\$164.00 for a minor traffic violation of the Illinois Vehicle Code (625 ILCS 5/et seq).

\$260.00 plus the fine set by statute for each truck overweight and permit violation.

\$195.00 for a violation defined as a conservation violation under Supreme Court Rule 501(c).

**IF YOU GO TO COURT, the total amount assessed may be higher than the amounts listed above.**

### PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW

Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Make check or money order payable to the: Clerk of the Court

### DO NOT SEND CASH IN THE MAIL

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### THIS SECTION FOR CREDIT CARD ONLY

Credit Card

I hereby authorize the Circuit Clerk to charge my credit card for the payment of the violation now pending in the 18<sup>th</sup> Judicial Circuit Court of DuPage County. I further understand that if I decline to pay this charge when presented by my credit card company, that I may be required to appear in court and that such appearance may subject me to additional fines, penalties and costs, and if I fail to appear as directed, that a warrant for my arrest may be issued by the court.

Total Financial Obligations on Ticket: \$ \_\_\_\_\_

Credit Card Processing Fee: \$ 4.00

Total Amount Charged: \$ \_\_\_\_\_

Master Card       Visa       Discover

Card # \_\_\_\_\_

Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

SIGNATURE REQUIRED FOR CREDIT CARD PROCESSING

FOLD IN HALF - INSERT IN ENVELOPE PROVIDED