

REGISTRATION FORM FOR DRIVER IMPROVEMENT PROGRAM

Name: _____ Sex: _____

Last First M.I.

Address: _____

Street Apt#

Address: _____

CITY STATE ZIP

Date of Birth: ____/____/____ Daytime Phone: (____) _____

Evening Phone: (____) _____

Driver's License # _____ Licensing State _____

Date of Violation ____/____/____ Ticket# _____

Have you had any other traffic tickets within the last 12 months? ____ Yes ____ No

Have you been placed on supervision or attended a

Driver's Safety Class within the last 12 months in any jurisdiction? ____ Yes ____ No

*VIOLATOR MUST ATTEND THE CLASS WITHIN 90 DAYS OF THE FIRST APPEARANCE DATE.
REGISTRATION FORM FOR THE DRIVER IMPROVEMENT PROGRAM.

What day do you want to attend class? **Wednesday at 6:00 p.m. - 10:00 p.m.**
 Saturday at 8:30 a.m. - 12:30 p.m.

_____ LaSalle County Driver Improvement Program at IVCC, Oglesby, IL 61348 (pay ticket plus \$35.00 for class).

- Confirmation of class date will be sent to you by mail or given to you if you appear in person.
- Classes are offered Saturday morning from 8:30 a.m. to 12:30 p.m or Wednesday Evening from 6:00 p.m. to 10:00 p.m. The Driver Improvement Program reserves the right to change time, day and location of class on an as needed basis.
- If you miss or are late for class YOU MUST reschedule and pay a \$10.00 fee.

_____ CLASS LOCATION:

Illinois Valley Community College
815 N. Orlando Smith Ave.
Oglesby, IL 61348

The 4 hour class is completed in one appointment. (Sign Language is available upon request)

ANOTHER STATE or in **ANY OTHER ILLINOIS COUNTY** besides LaSalle you may attend

_____ LaSalle County Driver Improvement Program. (pay ticket plus \$35.00 for class) or

_____ Take an approved 4 hour class in another jurisdiction (pay ticket plus fill out DRIVER IMPROVEMENT APPLICATION completely and return to us.) (You are responsible to locate a class and pay their registration fee)

When taking the Class in another Jurisdiction (**ON LINE COURSES NOT ACCEPTED**) you must send the original certificate to us within 90 days of your first appearance date or you will be revoked and your guilty plea used to enter a conviction and reported to the Secretary of State.

This form with payment needs to be in our office at least **3 WORKING DAYS** before the first appearance date (noted on the bottom half of the front side of the ticket). **Make sure you have included the correct payment amount and type of payment with your application or it will be returned to you. You will not receive Court Supervision unless the completed form is received back with the additional amount due at least 3 working days before your court date.**

If you have any questions contact the Driver Improvement Program at LaSalle County Circuit Clerk's Office at (815) 434-8271.

Mail form and payment to:

ANDREW F. SKOOG
LASALLE COUNTY CIRCUIT CLERK
707 EAST ETNA ROAD, ROOM 141
OTTAWA, ILLINOIS 61350

PAYMENT OPTIONS (DO NOT SEND CASH) IF YOU ARE PAYING BY VISA/MASTERCARD/ DISCOVER, FILL OUT THE FORM BELOW AND SIGN YOUR NAME.

A. PERSONAL CHECK, MONEY ORDER, OR VISA/MASTERCARD//DISCOVER ARE ACCEPTED.

* All checks and money orders are made payable to:"CLERK OF THE CIRCUIT COURT."

DO NOT SEND CASH

B. ON-LINE@LaSallecounty.com

Print My Name as it appears on the card _____ Signature x _____

Address: _____ City _____ State: _____ Zip _____

MasterCard

Visa

Discover

Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Expiration Date:

(Note: A service charge of \$4.00 or the applicable bank processing fee, whichever is greater, will be added to this transaction if credit card is used for payment.)

____/____/____

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 NOT GUILTY** this form **MUST BE RECEIVED IN OUR OFFICE** at least THREE (3) working days before the date set for your first appearance date 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. I intend 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.** (This option may not be selected if your ticket is marked "MUST APPEAR" or YOU ARE UNDER "21".) Keep a guilty conviction from affecting your driving record by completing the Driver Safety Program. Your court supervision will be reported but a conviction will not be entered on your record. Complete the Application for Court Supervision and the Driver Safety Program (see other side) and enclose a payment of \$155 or \$175 (non-refundable fine and class fee) payable to the Clerk of the Circuit Court and mail both in the pre-addressed envelope. Pay \$175, for speeding 21-25 miles over the limit, pay \$155 for speeding 1-20 miles over the limit and all other non-must appear tickets. Place your signature below and mail in the pre-addressed envelope. **DO NOT APPEAR IN COURT.**

_____ **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 (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.

COURT SUPERVISION AND DRIVER IMPROVEMENT PROGRAM:

an opportunity to prevent your traffic ticket from appearing on your record as a conviction

If you were under 18 years when you were ticketed you must appear in court with a parent or guardian to receive court supervision. If you were 18-20 years old when you were ticketed you must appear in court.

You are NOT ELIGIBLE for Driver Improvement Program if:

- Your ticket is marked "Must Appear in Court"
- You are a holder of a CDL license.
- Charged with an offense while driving a commercial motor vehicle
- If the "URBAN DISTRICT" box on the ticket is checked or if "URBAN DISTRICT" is written on your ticket.
- Or your ticket is for one of the following violations:
 - SPEEDING - SCHOOL ZONE, 625 ILCS 5/11-605(a)
 - PASSING A SCHOOL BUS, 625 ILCS 5/11-141(a)
 - SPEEDING - CONSTRUCTION ZONE, 625 ILCS 5/11-605(b)
 - ALL ILLEGAL TRANSPORTATION OF ALCOHOL 625ILCS 5/11-502(a) OR (b)

PLEA OF GUILTY AND REQUEST COURT SUPERVISION AND DRIVER IMPROVEMENT PROGRAM

Make sure you remit the correct amount and fill out form completely or your application will be returned to you. If you have any questions contact us at: (815) 434-8271

This form must be received in our office at least 3 working days before your court date

I, _____ certify under penalty of perjury, pursuant to 735 ILCS 5/1-109 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. This ticket will not show as a conviction on my driving record.
- I understand that my supervision will last 90 days from the date the LaSalle County Circuit Clerk's Office receives my "PLEA OF GUILTY" with the payment of the fines, penalties and costs provided by law. It also requires me to remain without additional traffic violations during this time.
- I have not already been placed on court supervision (either by Judge or by attending a Traffic School Program) for another traffic ticket that was issued within 12 months of this ticket in any jurisdiction.
- I agree to pay the fine for this ticket and the DIP school fee (both are non-refundable) with this application.
- I understand that I AM PLEADING GUILTY to the charge on this ticket, I WAIVE my right to a hearing by the court or jury, and request court supervision.
- I agree to complete the Driver Improvement Program within 90 days of the violation
- Send proof of completion to our office within 90 days of first appearance date.
- I understand my supervision will be revoked and my guilty plea will be used to enter a conviction to the Secretary of state if:
 - I am found to be ineligible.
 - I don't complete the class within 90 days of my violation.
 - I receive another traffic violation within my supervision period.

REMEMBER: WE MUST RECEIVE YOUR REQUEST AT LEAST 3 WORKING DAYS BEFORE YOUR ORIGINAL COURT DATE.

SIGN HERE: Signature x _____

DIP 11-13