

**Out of County/Request for Court Supervision
Driver Improvement Program Form**

County Where Ticket Was Written: _____

Male

Female

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ____/____/____

Driver's License #: _____

There is a \$40.00 fee for this class.

Make your check or money order payable to LaSalle County Circuit Clerk.

Payment **MUST** be included with this form.

Your class date will be mailed to you by Illinois Valley Community College

Choose your day of the week preference:

Class Preference:

Wednesday

Saturday

6:30 – 10:30pm

8:30 – 12:30pm

Would you like to attend the class selected above via Zoom (In-person class via your phone/computer)? Yes

Signature: _____

Date: _____

Mail this form and payment to:

LaSalle County Circuit Clerk

707 E. Etna Road, Room 141

Ottawa, IL 61350

Questions? Please contact us at (815) 434-8271