APPLICATION FORM FOR DRIVER IMPROVEMENT PROGRAM

Name:		Gender:
Last	First	M.I.
Address:		
Street		Apt#
Address:	-	· · · · · · · · · · · · · · · · · · ·
CITY	STATE	ZIP
Date of Birth://	Daytime Phone: ()	
	Evening Phone: ()	
Driver's License#		
Date of Violation//	Ticket#	
Have you been placed on supervision or a	ttended a	
Driver's Safety Class within the last 12 mg	onths in any jurisdiction?Yes	_No
Confirmation of class date will be Classes are offered Saturday modulo 10:00 p.m. The Driver Improvement Programeded basis.	☐ Saturday at 8:30 a.n ent Program at IVCC, Oglesby, IL 61348 (pay ties sent to you by mail or given to you if you appearing from 8:30 a.m. to 12:30 p.m. or Wednesdaram reserves the right to change time, day and IOU MUST reschedule and pay a \$10.00 fee.	cket plus \$35.00 for class). ar in person. ay evening from 6:00 p.m. to
Illinois Valley Community	College The 4 hour cla	ass is completed in one
815 N. Orlando Smith Ave	e. appointment.	(Sign Language is
Oglesby, IL 61348	available upor	า request)
 LaSalle County Driver Improveme Take an approved 4 hour class in a (pay ticket plus fill out APPLICATI (You are responsible to locate a c When taking the Class in another 	ON FORM FOR DRIVER IMPROVEMENT PROclass and pay their registration fee) Jurisdiction (ON LINE COURSES NOT ACCEING When your plea is recorded or you will be revoked.	r OGRAM completely and return to us.) PTED) you must send the original
This form with payment needs to be in our	office at least 3 WORKING DAYS before the fi	rst appearance date (noted on the

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 first appearance 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:

LASALLE COUNTY CIRCUIT CLERK 707 EAST ETNA ROAD, ROOM 141 OTTAWA, ILLINOIS 61350

WHEN YOU RECEIVE A TRAFFIC TICKET, YOU HAVE FOUR 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:
1 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 located 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".) Keep a guilty conviction from affecting your driving record by completing the Driver Safety Program. Your court supervion will be reported but a conviction will not be entered on your record. Complete the Application for Court Supervion and the Driver Improvement Program (see other side) and enclose a payment of \$140, \$120 or \$60 plus the \$35 class fee payable to the Clerk of the Circuit Court and mail in the pre-addressed envelope. (\$140 is for speeding 21-25 miles over the limit; \$120 for speeding 1-20 miles over the limit and all other non-must appear tickets; \$60 for seatbelt) Remember to add \$35 class fee to your payment. Place your signature below and mail in the pre-addressed envelope. DO NOT APPEAR
IN COURT. If cash bail has already been posted, you only need to pay the school fee of \$35.00. 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. ONLINE OPTION go to www.lasallecounty.com and click on "Online Payments" eGuilty tab under the picture.
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.
You are NOT ELIGIBLE for Driver Improvement Program if: • Your ticket is marked "Court Appearance Required"
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 first appearance date.
• 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 records 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 the issue date of this ticket in any jurisdiction.
 I agree to pay the fine for this ticket and the Driver Improvement Program school fee (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.
 I agree to send proof of completion to our office within 90 days of the date my plea is recorded. 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 the date the plea is recorded.
O I receive another traffic violation within my supervision period.
REMEMBER: WE MUST RECEIVE YOUR APPLICATION & PAYMENT AT LEAST 3 WORKING DAYS BEFORE YOUR FIRST APPEARANCE DATE.

SIGN HERE: Signature x

Date: