

**COMPLETE THIS FORM**  
IF YOU **ARE** ELIGIBLE FOR COURT SUPERVISION  
DRIVERS UNDER 21 **CANNOT** USE THIS FORM TO  
REQUEST SUPERVISION

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

State of Illinois

County of DuPage

I am eligible for Court Supervision without a Court Appearance. I hereby enter my plea of guilty to the offense as charged on the ticket referred to herein and waive my right to trial.

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

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

I further understand that my plea of guilty will be accepted and a conviction entered against me if my driving record indicates that I have a conviction or have been granted Court Supervision two (2) or more times for a moving (reportable) offense to the Secretary of State within the 12 months preceding the issuance of the traffic ticket for which I am requesting Court Supervision. I further understand that if I violate the law for another moving (reportable) traffic offense within the 90-day period for which I have been granted Court Supervision, that it may be revoked and a conviction entered against me and reported to the Secretary of State.

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

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**YOUR WRITTEN SIGNATURE IS REQUIRED**

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ADDRESS

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CITY, STATE & ZIP

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EMAIL

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POLICE DEPARTMENT

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TICKET NUMBER  
**YOU MUST FILL OUT THE PAYMENT INFORMATION  
ON THE REVERSE SIDE**

1145 web sup. rev. 7/19

**PAYMENT INFORMATION  
FOR COURT SUPERVISION  
WITHOUT APPEARING IN COURT**

**DRIVERS UNDER 21 CANNOT USE THIS  
FORM TO REQUEST SUPERVISION**

\$164.00    payment of all minor traffic violations

If you go to court, fees may range from **\$226.00** to **\$500.00**.  
PER STATUTE - NOTIFICATION TO THE SECRETARY OF THE STATE MAY BE REQUIRED

**PLEASE CHECK APPROPRIATE BOX(ES) BELOW**

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
MAKE CHECK PAYABLE TO THE CLERK OF THE CIRCUIT COURT

MONEY ORDER # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

APPLY MONEY GIVEN AS A CASH BOND                      AMOUNT \$ \_\_\_\_\_

**DO NOT MAIL CASH**

**THIS SECTION FOR CREDIT CARD ONLY.**

CREDIT CARD

I hereby authorize the clerk of the circuit court to charge my credit card for the payment of a violation now pending in the 18th 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 by the clerk of the circuit court, that a warrant for my arrest may be issued by the court.

Payment of Fine(s)                      \$ \_\_\_\_\_

Statutory Credit Card Fee              \$ \_\_\_\_\_

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

Master Card                       Visa                       Discover

Card No. \_\_\_\_\_

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

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

SIGNATURE REQUIRED FOR CREDIT CARD PROCESSING

**FOLD IN HALF - INSERT IN ENVELOPE PROVIDED**