

**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 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 for 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.

**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**

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ADDRESS

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CITY, STATE, ZIP

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POLICE DEPARTMENT

I am requesting supervision on up to two citations:

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TICKET NUMBER

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TICKET NUMBER

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

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\$164.00 Payment for all minor traffic violations

**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

Apply money given Amount: \_\_\_\_\_  
as cash bond or bond card

**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 violations 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(s): \$ \_\_\_\_\_

Credit Card Processing Fee: \$ \_\_\_\_\_

Minimum amount \$4.00. If the amount above exceeds \$200, please add 2% of that amount.

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

Master Card       Visa       Discover

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

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

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

**SIGNATURE REQUIRED FOR CREDIT CARD PROCESSING**