

**COMPLETE THIS FORM
TO PLEAD GUILTY AND PAY BY MAIL**

PLEA OF GUILTY AND WAIVER

I, the undersigned, understand that if I am 21 years old or older, and if I receive 3 convictions of moving violations within a 12 month period, it may result in the suspension of my license. If I am under 21 years old, and if I receive 2 convictions of moving violations within 24 month period, it may result in the suspension of my Illinois license.

I, the undersigned, do hereby plead guilty to the charge noted on the ticket number listed below, which does not require a court appearance. I understand my right to a trial, that my signature to this plea of guilty will have the same force and effect as a conviction entered by the court, and that this record will be sent to the Secretary of State or to the State where I received my license to drive. I hereby PLEAD GUILTY to this offense, GIVE UP my right to trial, and agree to pay the amount required.

**YOU MUST COMPLETE THE PAYMENT
INFORMATION ON THE REVERSE SIDE**

PRINT YOUR NAME AS IT APPEARS ON THE TICKET

YOUR SIGNATURE IS REQUIRED

ADDRESS: _____

CITY, STATE, ZIP: _____

POLICE DEPARTMENT: _____

TICKET NUMBER: _____

PAYMENT INFORMATION

The amount of payment where a court appearance is **not** required is:

\$164.00 for a minor traffic violation of the Illinois Vehicle Code (625 ILCS 5/et seq).

\$260.00 plus the fine set by statute for each truck overweight and permit violation.

\$195.00 for a violation defined as a conservation violation under Supreme Court Rule 501(c).

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

DO NOT SEND CASH IN THE MAIL

THIS SECTION FOR CREDIT CARD ONLY

Credit Card

I hereby authorize the Circuit Clerk to charge my credit card for the payment of the 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, that a warrant for my arrest may be issued by the court.

Total Financial Obligations on Ticket: \$ _____

Credit Card Processing Fee: \$ 4.00

Total Amount Charged: \$ _____

Master Card Visa Discover

Card # _____

Expires: _____

Signature: _____

SIGNATURE REQUIRED FOR CREDIT CARD PROCESSING

FOLD IN HALF - INSERT IN ENVELOPE PROVIDED