

Supervision of a Petty or Business Traffic Offense
Schedule 12: \$164 plus \$25 Traffic Safety School fee.
Effective July 1, 2019

Court Automation Fund	\$ 20.00
Court Document Storage Fund	\$ 20.00
Circuit Clerk Operation & Administrative Fund	\$ 5.00
Circuit Court Clerk & Arresting Agency eCitation Fund*	\$ 10.00
Circuit Clerk Filing Cost	\$ 37.00
State's Attorney Fund	\$ 10.00
Arresting Agency Fee	\$ 48.00
Illinois State Police Merit Board Public Safety Fund	\$ 2.00
Drivers Education Fund	\$ 3.00
Traffic & Criminal Conviction Surcharge Fund	\$ 4.00
Law Enforcement Camera Grant Fund	\$ 1.00
Violent Crime Victims Assistance Fund	\$ 4.00
Traffic Safety School	\$ 25.00
Total	\$ 189.00

* \$8.00 to the Circuit Court Clerk and \$2.00 to the Arresting Agency for the eCitation Fund

APPLICATION FOR COURT SUPERVISION AND DRIVER SAFETY PROGRAM COUNTY OF JACKSON COUNTY

- This form also requires that you plead guilty and request supervision either online or by mail.
- **WHEN COMPLETE, either e-mail this form to trafficsafetyprogram@jacksonco.net or mail it to:**

Jackson County Circuit Clerk
P.O. Box Drawer 730
Murphysboro, IL 62966

I, _____ certify under the penalty of perjury, pursuant to Chapter 110, Section 1-109, Rev. Stat. as

I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS AFFIDAVIT MAY SUBJECT ME TO A CONTEMPT OF COURT PROCEEDING AND/OR FELONY COMPLAINT BEING FILED AGAINST ME FOR THE CRIMINAL OFFENSE PERJURY.

I have not been placed on Court Supervision within the last 12 months in any court for any traffic violation of any state statute or similar municipal ordinance.

I further understand that I do hereby PLEAD GUILTY to said offense as charged, WAIVE my constitutional rights as set forth in the traffic charge received AND that my plea of guilty will be accepted and a conviction entered if my driving record indicates I have been placed on Court Supervision within the last 12 months.

I further understand that if I am not eligible OR Fail to timely complete the Driver Safety Program OR Violate the law for another traffic violation within my court supervision period OR fail to pay the appropriate fine, cost or fees, that a conviction will be entered against me and reported to the Secretary of State for inclusion on my driving record.

Sign Here _____ Date _____

DRIVER SAFETY PROGRAM INSTRUCTIONS - PLEASE READ BOTH SIDES OF FORM.

Driver Safety Program Shawnee Community College

PO Box 517 Anna, IL 62906

Questions regarding Driver Safety Class

Email to: drivesafe@shawneecc.edu

Office Hours: 9:00 A.M. -3:00 P.M.

Monday -Thursday

Phone Inquiries 618-833-8435

TO REGISTER: Complete the Registration Form below. This form must be mailed no sooner than 7 days after the date your ticket was issued and no later than 7 days prior to your assigned court date along with your payment (Certified check or money order must be made payable to CLERK OF THE CIRCUIT COURT. Do not send cash or personal check). Use this envelope. (Your ticket fine plus \$25.00 for the total cost.) The fine and fee can be combine on the same certified check or money order. Payment and application must be returned to the Jackson Co. Circuit clerk's Office.

NOTE: PLEASE CHECK WITH YOUR STATE IF YOU ARE A CDL DRIVER.

CLASS LOCATIONS:

1. Massac County (Metropolis)
2. Jackson County (Carbondale)
3. Union County (Anna)

The Driver Safety Program: Your class assignment form will be mailed to you in 4 to 6 weeks. It is not necessary to call the Driver Safety Program office to schedule a class time. Some class sites have limited or restricted schedules. Your request will be honored, if possible, or the closest possible change will be made. If you are unable to attend your scheduled class, immediately call the Driver Safety Program Office and reschedule. (You may reschedule one time at no charge with Shawnee College only). Call no later than the date stamped on your class assignment form. If you miss your class, you must reschedule a new class and pay \$10. **REMEMBER:** Traffic Safety School must be completed before the court supervision completion date which will be approximately 120 days from the date of your ticket.

REGISTRATION FORM FOR THE DRIVER SAFETY PROGRAM

Put an X in front of your choice.

- Massac Co. -Thur Evening
- Jackson Co. -Wed. Evening
- Union Co. -Sat. Morning
- Out Of Area Motorist *
- Online*

IF YOU REGISTER FOR THE PROGRAM YOU WILL NOT NEED TO APPEAR IN COURT. The Driver Safety Program Office will report to the court when you complete the class. No driving conviction will be reported to the Secretary of State.

		LAST NAME													
				FIRST NAME						MIDDLE INITIAL		M F		SEX	
STREET NUMBER & NAME															
APARTMENT NO			CITY						STATE		ZIP CODE				
DATE OF BIRTH			DRIVERS LICENSE NUMBER						STATE						
AREA CODE		DAYTIME PHONE				TICKET NUMBER		TICKET DATE							
E-MAIL ADDRESS															

Please refer to instructions on reverse side for more OUT OF THE AREA motorist information.

* There will be additional class costs.

