IN THE CIRCUIT COURT
TWENTY-FOURTH JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS]
PLAINTIFF,] Case No:
]
vs.]
]
_____,]
DEFENDANT.]

_____ _____
Attorney Date of Court Action

TRAFFIC DISPOSITION ORDER

PLEA
☐ Guilty
☐ Not Guilty

FINDING
☐ Guilty
☐ Not Guilty

JUDGMENT

☐ Supervision _____ ☐ Conviction ☐ Ex Parte ☐ Dismiss _____

Ct. _____ Fine: $ _____ Con. Assess.: $ _____

Ct. _____ Fine: $ _____ Con. Assess.: $ _____

CTAA Schedule Assessment: $ _____

TOTAL $ **0.00**

IF BALANCE IS NOT PAID BY _____, YOU MUST APPEAR ON THAT DATE AT 9:00 A.M. FAILURE TO PAY OR APPEAR AS DIRECTED MAY RESULT IN A WARRANT FOR ARREST OR BALANCE SENT TO COLLECTIONS WITH AN ADDITIONAL FEE OF 30% OF THE DELINQUENT AMOUNT BEING ADDED TO THE OUTSTANDING BALANCE. 730 ILCS 5/5-9-3.

☐ Defendant waives Jury Trial and is advised of trial and sentencing in abstentia.
Cause set for Bench Trial: _____ at _____ in Courtroom

☐ Cause set for Jury Trial: _____ at _____
with pretrial matters set: _____ at _____ in Courtroom

_____
JUDGE'S SIGNATURE

I, the undersigned, do hereby enter my appearance in this case. I have been informed of my right to trial, that my signature on this **PLEA OF GUILTY** will have the same force and effect as a judgment of this Court and that this record will be sent to the Illinois Secretary of State (or the state issuing my driver's license). I do hereby **PLEAD GUILTY** to the offence(s) as charged, I **WAIVE** my right to a trial by this Court and agree to the sentence and penalty prescribed above.

_____ _____ ☐ Check here to accept push and/or text notifications
Defendant Signature Phone Number

WE DO NOT ACCEPT PERSONAL CHECKS
We accept Cashier's Check, Money Order, Cash, Debit and Credit Card**

Clear Form Print

Revised: 9/19/2025