

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

PEOPLE OF THE STATE OF ILLINOIS
OR
MUNICIPAL CORPORATION

vs

CASE NUMBER

DEFENDANT

File Stamp Here

TERMS OF COURT SUPERVISION (code 4100) TERMS OF CONDITIONAL DISCHARGE (code 4390)

It is hereby ordered that the Defendant shall (Check all boxes that apply)

- 1. Not violate any criminal statute or ordinances of any jurisdiction.
- 2. Make reports and appear in person as directed by the Court.
- 3. Notify the Circuit Court Clerk of any change of address within 5 days.
- 4. Permit any person delegated by the Court to visit your residence or place of business.
- 5. Make restitution or reparation in the amount determined by the Court, but not to exceed actual loss or damage to property and pecuniary loss.
- 6. Support your dependents.
- 7. Refrain from possession of firearms or other dangerous weapons.
- 8. Refrain from operating a motor vehicle as follows:
- 9. Not to leave the State of Illinois without permission of the Court.
- 10. Complete _____ hours of Community Service. Pay Community Service fee of \$25.00 per month until the Community Service condition of this order is satisfied.
- 11. Complete the DuPage County Court Sentencing Monitoring Program "DUI" monitoring program for remedial education and counseling. Level _____ as ordered (\$25.00 fee). This includes Victim Impact Panel. **(Immediately after being sentenced you must report to the DuPage County Psychological Services Center, 1st floor, 505 N. County Farm Rd. Wheaton, Illinois)**
- 12. Multiple Offender Program DuPage County Other (specify) _____
- 13. Pay \$ _____ for reimbursement for Public Defender Services.
- 14. Complete Driver's Improvement School program.
- 15. Upon violation of the terms or conditions of this order, the Probation Department may invoke sanctions from the list of Administrative Sanctions adopted by the Chief Judge.
- 16. Pay fines, costs, penalties and fees ordered.
- 17. Make a FINAL appearance to the Court on _____ at _____ in courtroom _____ located at _____
- 18. Other Conditions _____

Name: _____ PRO SE

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

_____ Date

_____ Judge

Distribution: Original - Circuit Clerk Copies - State's Attorney - Sheriff - Defense Attorney - Court Sentencing Monitoring Program