

"PLEA OF GUILTY" WITH COURT SUPERVISION

If you were under 18 years of age when your ticket was issued, do not complete this application. You must attend court in person, with a parent or guardian to request supervision.

Read this form carefully. Make sure you understand your responsibilities. Fill it out COMPLETELY. Please use black or blue ink.

Make sure the information is accurate. Return this form with your fine and class fee, ticket, and registration form.

- I am requesting that the court place me on supervision for the enclosed traffic violation. My ticket does not require me to appear in court.
- I understand that my supervision will last 180 days from the date the PLEA is recorded at the court, and it requires me to receive no other convictions for additional traffic violations during this time.
- I have not been placed on court supervision (either by court appointment or by participating in this or any other Traffic Safety Program) for any other traffic violation issued within 12 months (365 days) of the current violation. **If you are under 21, you are required to take the class in person. If extenuating circumstances exist, call the Traffic Safety Program office.**
- I understand that I am PLEADING GUILTY to the charge on this ticket, I WAIVE my right to a hearing by the court or jury and request court supervision.
- I agree to complete the Traffic Safety Program within 180 days from the date of the violation.
- I must return my certificate of completion from attending an out-of-area traffic safety school to RVC, if applicable.
- I understand my supervision will be summarily revoked and my guilty plea will be used to enter a conviction if:
 1. I am found to be ineligible.
 2. I don't complete the class within 180 days from the date of the violation.
 3. I receive another traffic violation within my supervision period.

Print your name _____

Sign your name _____

Date _____

Driver's License # _____ State: _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

FOR OFFICE USE ONLY

Case Number _____

ROCK VALLEY COLLEGE TRAFFIC SAFETY PROGRAM REGISTRATION FORM

Return this form in the envelope provided with your ticket, fine and class fee.

If you have a CDL or you were under 18 when your ticket was issued, **DO NOT** submit this application form.

Call Rock Valley College Traffic Safety at (815) 921-3940.

Name _____ Male Female
Last First M. I.

Address _____
Complete Street Address Apt. # City State Zip

Date of Birth _____ Phone _____ Email _____
mm/dd/yyyy

Date of Ticket _____ Driver's License # _____ State: _____ I am 21 or older
mm/dd/yyyy

I am an individual with a disability and may require reasonable accommodations to participate.

\$55 - 4-hour In-person Classes

Mark order of preference (1, 2, 3)	Time of Day	Locations (All locations are wheelchair accessible)
	Saturday Morning	<input type="checkbox"/> Belvidere, IL <input type="checkbox"/> Dixon, IL <input type="checkbox"/> Elizabeth, IL <input type="checkbox"/> Freeport, IL <input type="checkbox"/> Rockford, IL
	Saturday Afternoon	<input type="checkbox"/> Belvidere, IL (Under 21) <input type="checkbox"/> Dixon, IL (Under 21) <input type="checkbox"/> Freeport, IL (Under 21) <input type="checkbox"/> Rockford, IL
	Weekday Evenings	<input type="checkbox"/> Dixon, IL <input type="checkbox"/> Rockford, IL

\$75 Online (Must be 21. Class takes 4 hours to complete. Also available in Spanish.)

Other Location/Provider Contact RVC Traffic Safety Program for more information

(please check one)

Ethnic Origin:

- Prefer not to respond Hispanic or Latino
- Asian White
- American Indian or Alaska Native Non-Resident Alien
- Black or African-American Native Hawaiian or Pacific Islander
- Unknown or other _____

(please check one)

Highest Degree Earned:

- Prefer not to Respond Certificate
- Ph.D. Some College
- 1st Professional Degree High School Diploma
- Master's Degree None
- Bachelor's Degree Other _____
- Associate's Degree