

**PAYMENT INFORMATION FOR
COURT SUPERVISION WITHOUT
APPEARING IN COURT**

*Use this section if you wish to mail
or drop this form and the fee in the
drop box or visit our counter.*

\$164.00 TOTAL COURT FEE

Court fee must be paid in full

Available ONLY for minor traffic violations

PLEASE CHECK THE APPROPRIATE BOX BELOW:

MONEY ORDER # _____

CHECK # _____

GO TO: www.rockislandcounty.org

*Select Court Payments Online AND USE the
Judici E-Pay/E-Plea PAYMENT METHOD.*

(A service fee will be added)

Mail Plea (on previous page) and this section to:

ROCK ISLAND COUNTY CIRCUIT CLERK

ATTN: TRAFFIC DEPT

1317 3rd Avenue, Suite 101

Rock Island, IL 61201

*If the date on your ticket changes to
allow for social distancing, you will
receive a notice with a new court
date to appear.*

**14TH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY
CIRCUIT CLERK'S OFFICE**

**INSTRUCTIONS FOR
REQUESTING COURT
SUPERVISION
WITHOUT A COURT
APPEARANCE**



Prepared by

Tammy R. Weikert,
Rock Island County
Circuit Clerk

TRAFFIC DIVISION

Tel: 309-558-3538

HOURS

Monday through Friday

8:00 AM—4:30 PM

Except Legal Holidays

Rock Island County Justice Center

1317 3rd Avenue, Suite 101

Rock Island, IL 61201

INSTRUCTIONS REGARDING PLEADING GUILTY AND REQUESTING COURT SUPERVISION

You have been given this form as you may be eligible to plead Guilty and receive Court Supervision without appearing in person in court. For instructions on pleading Guilty without Court Supervision, or pleading Not Guilty, please review the back of the ticket you were issued.

If you wish to plead Guilty and receive Court Supervision without a court appearance, the following applies:

1. You have not been placed on Court Supervision in any court for a traffic offense committed within 12 months preceding the issuance of the traffic ticket for which you are requesting court supervision.
2. Your ticket indicates that no court appearance is required.
3. You were not under the age of 18 at the time of the violation and am thus allowed to participate in online supervision.
4. If you meet the criteria, you will be granted court supervision for a 90 day period.
5. After reading this form and determining that you are eligible and want to plead Guilty and request Court Supervision, go to www.rockislandcounty.org, click on **Court Payments Online**, select **Judici E-Pay/E-Plea** and follow the instructions.
6. If you wish to submit via mail, send the completed forms and your payment to the Rock Island County Circuit Clerk, 1317 3rd Ave, Suite 101 Rock Island, IL 61201, at least one week before the appearance date on your ticket. You may also bring the completed form and payment to the Rock Island County Justice Center, 1317 3rd Ave, Suite 101 Rock Island, IL 61201 to submit at the window or the outside drop box.

14TH JUDICIAL CIRCUIT ROCK ISLAND COUNTY CIRCUIT CLERK'S OFFICE

If you are charged with a violation that **does not** require a court appearance, you may plead guilty and pay such violation online, via mail, or in person at the Clerk's Office.

See the next page for ways to pay your fine.

This form is only for minor traffic violations, this form **DOES NOT** apply to speeding more than 20 mph over the limit or for must appear tickets.

Note: If your request for Court Supervision is denied, you will receive a notice to appear in court in person in the mail.

If the date on your ticket changes to allow for social distancing, you will receive a notice with a new court date to appear in the mail.

Plea of Guilty and Affidavit for Court Supervision, 14th Judicial Circuit, County of Rock Island

I hereby certify under penalty of perjury pursuant to 735 ILCS 5/1-109 as follows:

- I am requesting that the court place me on supervision for my current traffic ticket. It does not require me to appear in court.
- I understand that my supervision will last 90 days from the date the PLEA is recorded at the court and it requires me to remain without additional traffic violations during this time.
- I have not been placed on court supervision for any other traffic ticket issued within 12 months (365 days) of my current violation.
- 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 understand my supervision will be revoked and my guilty plea will be used to enter a conviction if:
 - I am found to be ineligible.
 - I receive another traffic violation within my supervision period.

I further understand, if I make an application for supervision and I am not eligible, OR I receive another traffic conviction within my Court Supervision period, OR I fail to pay the appropriate fine and fee, THAT A CONVICTION WILL BE ENTERED AGAINST ME AND REPORTED TO THE SECRETARY OF STATE TO BE INCLUDED ON MY DRIVING RECORD

PRINT YOUR NAME AS IT APPEARS ON THE TICKET

X _____

SIGNATURE (REQUIRED)

ADDRESS

CITY, STATE & ZIP

POLICE DEPARTMENT

TICKET NUMBER (FOUND ON TOP RIGHT CORNER OF TICKET)

DAYTIME PHONE NUMBER