

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS,

or

A Municipal Corporation

v.

Defendant

Criminal Division

Municipal District No. _____

Br/Rm _____

Case No. _____

Statute Citation: _____

AOIC Code: _____

IR No. _____ SID No. _____

CB No. _____

SENTENCING ORDER
SOCIAL SERVICE ADULT PROBATION

IT IS HEREBY ORDERED that

the Defendant is sentenced to a term of _____ Years Months Days

Scheduled Termination Date: _____

Supervision Conditional Discharge Standard Probation

Adult Probation Drug Court Adult Probation ACT Court Adult Probation Veterans Court

Adult Probation Mental Health Court Adult Probation Mental Health Unit

Adult Probation Sex Offender Program

Other _____

Special Probation:

720 ILCS 550/10 (550 Probation/Cannabis Control Act)

720 ILCS 570/410 (410 Probation Controlled Substances Act)

720 ILCS 646/70 (Methamphetamine Control & Community Protection Act)

730 ILCS 5/5-6-3.6 (1st Time Weapon Offender)

730 ILCS 5/5-6-3.4 (Second Chance)

720 ILCS 5/12C-15 (Child Endangerment Probation)

Reporting (All DUI orders are reporting) Non-Reporting

Limited Reporting (Monitor community service or restitution only)

Iris Y. Martinez, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

It is further ordered Defendant shall comply with the conditions specified below.

STANDARD CONDITIONS

If reporting is ordered, the Defendant shall report immediately to the Social Service or Adult Probation Department as indicated in the above Sentencing Order and pay that department such sum as determined by the department in accordance with the standard probation fee guide. Said fee not to exceed \$50.00 per month. Pay all fines, costs, fees, assessments, reimbursements and restitutions (If applicable, Additional Order Required.).

- Not violate the criminal statutes of any jurisdiction.
- Refrain from possessing a firearm or any other dangerous weapons.
- Notify monitoring agency of change of address.
- Not leave the State of Illinois without consent of the court or monitoring Agency.
- Comply with reporting and treatment requirements as determined by the Adult Probation or Social Service Department's assessment. Any treatment requirements not specified elsewhere on this order that would cause a financial hardship shall be reviewed by the court after being imposed.

DRUG/ALCOHOL/DUI RELATED CONDITIONS

- Complete drug/alcohol evaluation and treatment recommendations.
- Submit to random drug testing as determined by the monitoring agency or treatment provider.
- Zero Tolerance for Drugs/Alcohol.
- Remote Alcohol Monitoring.
- Transdermal Alcohol Monitoring.
- Breath Alcohol Ignition Interlock Device.
- Complete Traffic Safety School.
- Complete TASC Program.
- DUI Offenders Classified Level A Monitoring, report immediately to Central States Institute of Addictions and commence the following treatment intervention program within sixty (60) days of this order:
 - Minimum Moderate Significant
- DUI Offenders Classified Level B or C Monitoring, report immediately to:
 - Social Service Department Adult Probation Department and complete a drug/alcohol evaluation within thirty (30) days, fully comply with the intervention plan and commence the following treatment intervention program within sixty (60) days of this order:
 - Minimum Moderate Significant High
- Attend a Victim Impact Panel.
- File proof of financial responsibility with the Secretary of State.
- Surrender Driver's License to Clerk of the Court.
- Pay all Driver's License reinstatement fees.

SPECIAL CONDITIONS

- Home Confinement through Adult Probation until _____ (Additional Order Required).
- GPS device through Adult Probation until _____ at \$10 per day (Additional Order Required).

Submit to searches by Adult Probation of person and residence when there is reasonable suspicion to require it (high risk probationers only).

Obtain a GED.

Perform _____ hours of community service as directed by the _____ Social Service or Adult Probation Department Community Service Program.

Perform _____ days of Sheriff’s Work Alternative Program (S.W.A.P.) (773) 674-0716.

Avoid contact with: _____

Complete mental health evaluation and treatment recommendations.

Register as a Violent Offender Against Youth.

DNA Indexing.

Complete Anger Management Counseling and any other recommendations per assessment, which may include an evaluation and/or treatment for alcohol and drug abuse, mental health, parenting or sexual abuse.

DOMESTIC VIOLENCE

Comply with all lawful court orders including an Order of Protection.

Complete Domestic Violence Counseling and any other recommendations per assessment, which may include an evaluation and/or treatment for alcohol and drug abuse, mental health, parenting or sexual abuse.

SEX OFFENDER

Complete evaluation and treatment recommendations for sex offenders.

Register as a sex offender.

STD/HIV Testing

RESTITUTION

Make restitution to:

_____ in the amount of \$ _____, payable through the Social Service Department or Adult Probation Department at the rate of \$ _____, per _____ with final payment due on or before _____.

OTHER _____

ADDITIONAL ORDERS

Next Court Date: _____

I acknowledge receipt of this Order and agree to abide by the specified conditions. I agree to accept notices by regular mail at the address provided to the monitoring agency and to answer questions asked by the Court related to my behavior. I understand that a failure to comply with the conditions of this Order, or refusal to participate, or withdrawal or discharge from a required program, plan, or testing will be considered a violation of this Order and will be reported to the Court; and may result in a re-sentencing imposing the maximum penalty as provided for the offense.

(Defendant's Name)

(Defendant's Signature)

Defendant DOB: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Email: _____

Prepared by: _____

ENTERED:

Dated: _____

Judge Judge's No.

Atty. No.: _____ ARDC No.: _____

Atty Name: _____

Atty. for: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Primary Email: _____