

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS,

Criminal Division

or

Municipal District No. _____

A Municipal Corporation

Br/Rm _____

v.

Case No. _____

Defendant

Statute Citation: _____

AOIC Code: _____

IR No. _____ SID No. _____

CB No. _____

SENTENCING ORDER

SOCIAL SERVICE ADULT PROBATION

SUPERVISION CONDITIONAL DISCHARGE STANDARD PROBATION

IT IS HEREBY ORDERED that

the Defendant is sentenced to a term of _____ Years _____ Months
with _____ days CCDOC (see attached Mittimus) OR Stay of Mittimus until surrender date of _____.

Scheduled Termination Date: _____

- Misdemeanor Felony Standard Probation
Adult Probation Drug Court Adult Probation Mental Health Court Adult Probation Veterans Court
Adult Probation ACT Court Adult Probation Mental Health Unit
Adult Probation Sex Offender Program (additional requirements - see additional order)

Other _____

Special Probation includes the following statutory requirements:

- 720 ILCS 550/10 (550 Probation Cannabis Control Act) 24 months' probation, no less than 30 hours community service, minimum of 3 periodic drug tests
720 ILCS 570/410 (410 Probation Controlled Substances Act) 24 months' probation, no less than 30 hours community service, minimum of 3 periodic drug tests
720 ILCS 646/70 (Methamphetamine Control & Community Protection Act) 24 months' probation, no less than 30 hours community service, minimum of 3 periodic drug tests
730 ILCS 5/5-6-3.6 (1st Time Weapon Offense) 6 - 24 months' probation
730 ILCS 5/5-6-3.4 (Second Chance) no less than 24 months' probation, minimum of 30 hours community service, high school diploma/GED and employment, minimum of 3 periodic drug tests
720 ILCS 5/12C-15 (Child Endangerment Probation) no less than 2 years' probation, cooperate with all requirements and recommendations with the Department of Children and Family Services (DCFS).

TASC Probation Inpatient Outpatient

Reporting (All DUI orders are reporting) Non-Reporting

Limited Reporting (Monitor community service or restitution only)

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

STANDARD CONDITIONS

The Defendant shall report immediately to the Social Service or Adult Probation Department as indicated in the above Sentencing Order.
Defendant shall pay all fines, costs, fees, assessments, reimbursements and restitutions (if applicable, additional order required.) Social Service or Adult Probation fee is not to exceed \$50.00 per month.

Sentencing Order**(11/04/25) CCCR 0090 B**

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.
 DNA Indexing. FELONY CASES ONLY.

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 including cannabis.
 Problem Solving Court (PSC) case.
 Zero Tolerance for Drugs/Alcohol including cannabis.
 Remote Alcohol Monitoring.
 Transdermal Alcohol Monitoring.
 Breath Alcohol Ignition Interlock Device.
 Complete Traffic Safety School.
 Complete TASC Program.
 DUI offenders sentenced to Supervision or Conditional Discharge, report immediately to the Social Service Department and commence the following intervention program within sixty (60) days of this order:
 Minimal Moderate Significant High
 DUI Offenders sentenced to felony Probation, report immediately to Adult Probation and commence the following intervention program within sixty (60) days of this order:
 Minimal Moderate Significant High
 Attend a Victim Impact Panel and pay required fee.
 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

Electronic Monitoring through Adult Probation until _____ (Additional Order Required).
 DV Exclusion Zone Monitoring device through Adult Probation until _____ at \$10 per day (Additional Order Required).
 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) 674-0715.
 Weekends Allowed
 Avoid contact with: _____
 Complete mental health evaluation and treatment recommendations.
 Register as a Violent Offender Against Youth.
 Register as an Animal Abuser with the Cook County Sheriff.
 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.
 Register as a Gun Offender with the Chicago Police Department.

DOMESTIC VIOLENCE

Comply with all lawful court orders including an Order of Protection, Case No. _____
 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.

Sentencing Order

(11/04/25) CCCR 0090 C

SEX OFFENDER

Additional conditions required - see additional order.
Complete evaluation and treatment recommendations for sex offenders.
Register as a sex offender.
STD/HIV Testing.
Submit to searches by Adult Probation of person and residence when there is reasonable suspicion to require it.

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.

_____/s/_____
(Defendant's Name) (Defendant's Signature)

Defendant DOB: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Email: _____

Prepared by: _____

ENTERED:

Dated: _____

/s/_____
Judge Judge's No.