

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS, or Defendant

Municipal District No. Br/Rm Case No. Statute Citation: AOIC Code:

SENTENCING ORDER

SUPERVISION CONDITIONAL DISCHARGE

IT IS HEREBY ORDERED that

the Defendant is sentenced to a term of Years Months Days

Scheduled Termination Date:

Reporting (All DUI orders are reporting) Non-Reporting

Limited Reporting (Monitor community service)

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 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 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.

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

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.
- Complete Traffic Safety School.
- 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
- 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

- Obtain a GED.
- Perform _____ hours of independant community service.
- Perform _____ days of Sheriff's Work Alternative Program (S.W.A.P.) (773) 674-0716.
- Weekends Allowed
- Avoid contact with: _____
- Complete mental health evaluation and treatment recommendations.
- Complete Anger Management Counseling and any other recommedations per assessment, which may include an evaluation and/or treatment for alcohol and drug abuse, mental health, parenting or sexual abuse.

OTHER _____

ADDITIONAL ORDERS

Next Court Date: _____

Case No. _____

Traffic Sentencing Order

(10/18/24) CCTR 0090 C

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.**