

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS,

Criminal Division

or

Municipal District No. \_\_\_\_\_

Br/Rm \_\_\_\_\_

A Municipal Corporation

Case No. \_\_\_\_\_

v.

Statute Citation: \_\_\_\_\_

Defendant

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 Days

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 Offender) 18-24 months' probation, minimum of 50 hours community service, both school and employment, periodic drug testing

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).

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

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.).

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

cookcountyclerkofcourt.org

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.  
     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.  
 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**

Additional conditions required - see additional order.  
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.