

**APPEARANCE PLEA OF GUILTY AND WAIVER
OF JURY**

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged on the traffic ticket. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same force and effect as a judgment of court, and that this record will be sent to the Secretary of State of this State (or of the State where I received my license to drive). I do hereby PLEAD GUILTY to said offense as charged, WAIVE my right to a HEARING by the court, and agree to pay the penalty prescribed for my offense.

(Defendent's name)

(Address)

(Driver's License No.)

(Ticket No.)

(Remittance must be made by certified check, money order or bank draft to: CIRCUIT CLERK OF McLEAN COUNTY,
P. O. Box 2420, Bloomington, Illinois 61702-2420. Please enclose self-addressed stamped envelope.)