APPEARANCE PLEA of GUILTY and JURY WAIVER

Date:

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged on City/State complaint: ______.

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.

Address

Phone Number

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Email:

Please save and send to: circuitclerkinfo@co.effingham.il.us

PRINT

SAVE

CLEAR FORM