

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Defendant: _____ Case No. _____
Offense: _____ Term of Probation _____ to _____
Court Costs: _____ Fine: _____ Restitution: _____
Probation Fees: _____

PROBATION ORDER

Your application for probation has been received and approved by this Court. In accordance with the authority vested in this Court by the laws of the State of Illinois, you are hereby placed on probation for such a period of time as stated above; or until entitled to discharge from this probation. You are hereby advised that under the law the Court may revoke or modify any conditions of the probation, and you may be subject to arrest upon order of the Court. At any time within the period of your probation the Court may impose or order execution of sentence for your original offense in accordance with the laws of the State of Illinois and commit you to such institution as provided by law.

It is the further order of the Court that your case be assigned to the supervision of Adult Court Services, 16th Judicial Circuit, and its representative probation officer under the following conditions. They are authorized to report to the Court on all matters pertaining to your probation and to make such recommendations and take such action as the Court may require in your case.

-PROBATION RULES-

The following rules and regulations have been approved by the 16th Judicial Circuit Court, which will govern your period of probation. It will be necessary that you conform to these rules, as well as any other that may from time to time be set forth by your probation officer. The infraction of any of them will constitute a violation of your probation and will cause you to be eligible for revocation and be sentenced on the crime with which you were originally charged.

I. I SHALL:

1. Report to Adult Court Services, Basement DeKalb County Courthouse, Sycamore, IL. 60178, telephone number (815) 895-7193 immediately upon being sentenced.
2. Obey all Federal and State Laws and Local Ordinances.
3. Immediately notify my probation officer of any arrest.
4. Report in person to my probation officer as frequently as directed and permit my probation officer to visit me in my home or elsewhere to the extent of his/her duties.
5. Not leave the State of Illinois without giving advance notice to and obtaining written permission from my probation officer.
6. Refrain from possessing a firearm or other dangerous weapon.
7. Notify my probation officer of any change of residence employment within 48 hours of such change.
8. Attempt to work at a lawful occupation and/or further my education and support my dependents.
9. Pay all Court ordered monies in full not less than 30 days before the end of probation in the amounts specified by Court.
10. Promptly under take evaluations determined appropriate by the probation department (including but not limited to substance abuse and psychological) and thereafter participate in such treatment, therapy, counseling and/or remedial education as are appropriate, based upon said evaluation.
11. Submit to breath, urine, and/or blood specimen for analysis for the possible presence of a prohibited drug or alcohol as requested by the probation officer, and bear the expense of any such analysis.
12. Pay monthly probation fees in the amount of \$ _____ commencing _____, 20 ____.
13. Special Conditions: _____

- II. 1. On _____ at _____ M. you must appear in Court; at which time a representative of the probation department will also be present to report orally to the Court the degree of your compliance with the probation rules. Your failure to appear in Court or to obey the rule of probation satisfactorily could result in the filing of a petition to revoke your probation on the above Court date. Your failure to appear on the above date could also result in the issuance of a warrant for your arrest.

DATE: _____
ENTER: _____

JUDGE

I understand and agree to comply with these probation conditions:

DATE: _____
SIGNED: _____

DEFENDANT

*******(To be completed by Defendant and Probation Officer)*******

Date: _____ Probation Officer: _____ Defendant: _____