

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS,)
)
 Plaintiff,)
 vs.) No. _____DT_____
)
 _____,)
)
 Defendant.)

PETITION FOR MONITORING DEVICE DRIVING PERMIT

NAME OF APPLICANT			HOME ADDRESS OF APPLICANT	
Last	Middle	First	No. & Street City or Town	Zip
Driver's License No.:			Date of Birth:	
DATE ISSUED:			DATE EXPIRES:	

Circle Yes or No for the following:

- 1) Have you read the Notice of Right to Monitoring Device Driving Permit? **Yes/No**
- 2) Have you ever been convicted of reckless homicide or aggravated DUI involving death? **Yes/No**
- 3) Is your driver's license currently valid? **Yes/No**
- 4) Are you a first offender as defined in 625 ILCS 5/11-500? **Yes/No**
- 5) In your arrest for the offense of Driving Under the Influence in this cause, did any death or great bodily harm result? **Yes/No**
- 6) Are you requesting to drive an employer-owned vehicle in the course of your employment which will not be equipped with an Ignition Interlock Device? **Yes/No**
- 7) If so, have you read and do you understand the restrictions? **Yes/No**
- 8) Are you seeking a determination that you are indigent? **Yes/No**

VERIFICATION

Under penalties as provided by law pursuant to Section 1-109 9f the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Date: _____
_____ Petitioner