Read the Registration Information before filling out this form

- This form also requires that you plead guilty and request supervision, either online or by mail.
- **When complete, either e-mail this form to trafficsafetyprogram@lakeland.cc.il.us or mail it to Effingham County Circuit Clerk's Office, PO Box 586, Effingham, IL 62401.**
- Your class confirmation with the date, time, and location of the class will be mailed to you by Lake Land College. **If you do not receive a class confirmation within four weeks, it is your responsibility to contact Traffic Safety.**
- If you cannot attend your assigned class**, immediately** call Traffic Safety at 217-234-5467 to reschedule. You are allowed one reschedule at no cost. After one reschedule you will be charged $25 for any additional classes that you reschedule.
- If your mailing address changes, it is your responsibility to notify the Lake Land College Traffic Safety Program. The school is not responsible for late, lost, and/or undeliverable mail.
- ***If you have a* Commercial Driver's License *(CDL), the Traffic Safety Program will not prevent action against your CDL.***

Effingham County Traffic Safety Program Registration Form

- ***If you were under 18 years of age when your ticket was issued, do not complete this registration form. You must attend court in person with a parent or guardian to request supervision.***

Name: _____ _____ _____
Last First Middle

Previous names (s) _____Address:_____

City/State/Zip Code/County: _____
City State Zip code County

Telephone: _____ _____ Gender: ____ Male ____ Female
Home Cell

Birthdate: _____/_____/_____ E-Mail Address: _____
MM DD YYYY

Are you in the United States on a Visa-Nonresident Alien?
- ☐ Yes in the United States on a Visa - Provide Home Country of Origin_____
- ☐ Not in the United States on a Visa

Are you from one or more of the following racial groups? (Select All That Apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Choose Not to Respond

Please identify your primary racial/ethnic group. (Select One).
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Choose Not to Respond

Highest degree completed:

_____Less than High School	_____Certificate	_____Masters	_____Other
_____GED, year received _____	_____Associate	_____Doctorate	_____Some College
_____High School diploma	_____Baccalaureate	_____1st Professional	_____Unknown

Drivers License Number: _____ Issuing State of Drivers License: _____

If you chose to avoid a conviction by taking a Defensive Driving Course, circle the best day/time and location for your class?

Effingham **(only)**	Mattoon **(only)**	Charleston **(only)**	Sullivan **(only)**	Online
Wednesday 6:00-10:00 p.m.	Weeknights	Weeknights	Weeknights	An additional $35 fee
Saturday 8:00 a.m-12:00 p.m.	5:00-9:00p.m.	5:00–9:00 p.m.	5:00–9:00 p.m.	applies to complete this course.
Saturday 1:00-5:00 p.m.				(This fee will be billed to you by Lake Land College.)

Other Location - Print name of State or County where class will be taken _____State_____ County
(*Once your registration form is received by Lake Land College, you will receive information on how to register at another location.*)

For additional information on class dates or the online course please contact Lake Land College Traffic Safety at 217-234-5467or trafficsafetyprogram@lakeland.cc.il.us. Please do not contact the Effingham County Circuit Clerk's office.

Office Use Only:
Date Enrolled: _____ Term Date: _____ Case Number #: _____

Citation Date: _____ Citation Number: _____ **REV 14-03/14**