

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS

People of the State of Illinois,)
Plaintiff,)
vs.) Case Number _____
_____,)
Defendant.)

MANDATORY INSURANCE AFFIDAVIT

I, _____ (Print Name), state as follows:

1. That I am the Defendant in this case for a violation of failure to carry an insurance identification card as required by the Illinois Mandatory Insurance Act.
2. That I was charged on _____ (date).
3. That at the time of my arrest, the vehicle I was driving, as well as myself as the driver, were both covered by insurance as required by the Illinois Mandatory Insurance Act.
4. That the Certificate of Insurance issued by my/the vehicle owner's Insurance Company, _____ (name of company), Policy Number _____, was current at the time of my arrest on _____ (date) and does not expire until _____ (date).
5. Attached is a copy of my insurance card, or the insurance card of the vehicle owner.
6. I understand that if I furnish false information in this Affidavit I can be arrested for the offense of perjury.

DATED: _____
_____ Defendant Signature

CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Defendant Signature

Please Print:

Name of Defendant: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-Mail Address: _____

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People of the State of Illinois,)
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_____,)
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AFFIDAVIT OF SERVICE

I, _____ (Name of Defendant), do hereby certify that on _____, 20____ (date), I hand-delivered a copy of my Mandatory Insurance Affidavit, along with a copy of my insurance card, or the insurance card of the vehicle owner, to the Champaign County State’s Attorney’s Office, Second Floor, Champaign County Courthouse, 101 E. Main St., Urbana, IL 61801.

Defendant’s Signature

Please Print:
Name of Defendant: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
E-Mail Address: _____

Susan W. McGrath
Champaign County Circuit Clerk
101 E. Main St.
Urbana, IL 61801