

IN THE CIRCUIT COURT OF COOK COUNTY

People of the State of Illinois OR

A Mun. Corp.

Vs.

LEON WAINHANS

Defendant

(Please Print)

Municipal District

Br/Rm

Case No.

Charge(s)

1 44
99-349019
PUBLIC INDECENCY

Term of () Conditional Discharge (X) Supervision

for a period of 2 YEARS

Final Court Date: 12-20-01 Rm. BR44 At 1:30pm

I. R. # 1314234

S. I. D. #

- Reporting (Note: ALL DUI Orders are Reporting)
- () Reporting for Community Service or Payment of Restitution ONLY.
- () Non-Reporting (No Reporting is Necessary)

ORDER OF SUPERVISION/CONDITIONAL DISCHARGE

The Court orders that Conditional Discharge or Supervision is subject to the following conditions - that the defendant shall:

- (x) If reporting is ordered, APPEAR IMMEDIATELY before the Social Service Department and comply with its rules and regulations.
EXCEPTION: All D.U.I. Risk Level I & II - M are to report to the Social Service Department designee _____
- (x) Not violate any criminal statute of any jurisdiction.
- (x) Refrain from possessing a firearm or any other dangerous weapon.
- (x) If reporting is ordered, not leave the State of Illinois without consent of the Court or without prior notification and approval of the Social Service Department or its designee.
- (x) If reporting is ordered, notify the Social Service Department or its designee within 72 hours of change of address.
- (x) If reporting is ordered, pay a \$25.00 monthly Supervision/Conditional Discharge Fee through the Social Service Department or its designee commencing immediately and for each month of active supervision henceforth for the duration of the Supervision/Conditional Discharge Order.
- () Pay Fine/Court Costs of \$ _____ to the Clerk of the Court on or before _____.
- () Make Restitution to _____ in the amount of \$ _____ payable through the Social Service Department on or before _____.
- () Complete evaluation and follow all treatment recommendations: [Enroll within 60 days.]
() Alcohol/Drug () Mental Health
- () Perform _____ () hours _____ () days of community service (a fee shall be charged) as directed by the:
() Social Service Department Community Service Program.
() Sheriff's Work Alternative Program (S.W.A.P.) [Only pursuant to 625 ILCS 5/6-303(c) or to 625 ILCS 5/11-501(c)] Call within 72 hours (708) 865-4960.
- () Attend Victim Impact Program.
- Avoid contact with _____ FAMILY
- () Comply with Order of Prosecution.
- () Complete Domestic Violence Program as directed by Social Service Department.

OTHER: DEFENDANT MUST COMPLETE SEX OFFENDER EVALUATION AND COMPLY WITH ALL RECOMMENDATIONS. IF SOCIAL SERVICES DETERMINES COUNSELLING DEFENDANT CURRENTLY RECEIVING IS ACCEPTABLE, IT MAY SATISFY THIS ORDER

Dated: 12-22-99 Enter: [Signature] Judge 1824 Code

I acknowledge receipt of this Order and agree to abide by the conditions. I agree to accept any notices by regular mail at the address below or any change of address and answer any questions asked by the Court about my behavior. I understand that a failure to follow the conditions of the disposition or sentence could result in a new sentence up to the maximum penalty for the offense which is before the Court.

[Signature] Defendant's Signature

Defendant's Phone Number

Defendant's Address

Defendant's Date of Birth Defendant's Social Security Number

CHICAGO, IL Defendant's City/Town, State, Zip Code

[Signature] Assistant State's Attorney