

MONITORING DEVICE DRIVING PERMIT (MDDP) OPT OUT REQUEST

Case Number: _____

Name: _____

Address: _____

City/State/ZIP _____

Telephone: _____

Driver's License Number: _____ Date of Birth: _____

Pursuant to 625 ILCS 5/6-206.1, I hereby elect to not participate in the MDDP program.

I understand the following:

1. By not participating in the MDDP program, I may not legally drive any vehicle during the statutory summary suspension.
2. If I am ticketed for driving a vehicle during the statutory summary suspension, I may be found guilty of a Class 4 felony.
3. A Class 4 felony is punishable by imprisonment of 1-3 years, one year of mandatory supervised release (formerly known as parole) and a fine of up to \$25,000.
4. Any time during the statutory summary suspension, I may choose to participate in the MDDP program by calling the Illinois Secretary of State's BAID Division at 217-524-0660.

I acknowledge receipt of this notice in open court on _____ day of _____, 20 _____.

Signature of Offender