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**Office of
State's Attorney
Champaign County, Illinois**

**INFORMATION FOR PROOF OF CURRENT REGISTRATION,
LICENSE AND/OR INSURANCE**

Please provide the following information:

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Daytime Phone Number: _____

Driver's License Number: _____

State that issued the License: _____

Citation Number (from top of ticket): _____

Please indicate the court date listed near the bottom of your citation: _____

I now have proof of:

Registration (please attach a copy of your registration)

License (**Don't submit a copy of your license**, simply check the box and the State's Attorney's Office will obtain the proof of your current license from the Secretary of State's Office).

Insurance (please attach a copy of your insurance card)

- Insurance Company: _____
- Insurance Policy Number: _____
- Insurance Agent Name: _____
- Insurance Agent Phone Number: _____
- Effective Date of Policy: _____