



**Office of the Secretary of State
DEPARTMENT OF ADMINISTRATIVE HEARINGS**

Rm. 212, Howlett Building
Springfield, IL 62756
www.cyberdriveillinois.com

FORMAL HEARING REQUEST

Date: _____

I hereby request a Formal Hearing pursuant to Section 2-118 of the Illinois Vehicle Code. Enclosed is the **\$50 filing fee** (see back for fee information). The purpose of the hearing is to allow me to:

- Contest the suspension, revocation or cancellation action of the Secretary of State.
- Apply for a Restricted Driving Permit (RDP).
- Apply for reinstatement of driving privileges.
- Alternatively, apply for reinstatement or an RDP.
- Contest the re-suspension or extension of the statutory summary suspension under the Monitoring Device Driving Permit (MDDP) Program.
- Other: _____

Name		Driver's License Number	
Address			City
State	County		ZIP Code
Telephone (Home) () ()		Telephone (Work) () () (Cell) () ()	
Date of Birth		Email Address	

Please check below and mail this form to the location where you would like a formal hearing:

- | | | | |
|----------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Chicago | Office of the Secretary of State
Administrative Hearings Department
17 N.State St., Ste. 1200, 60602
312-793-3722 | <input type="checkbox"/> Springfield | Office of the Secretary of State
Administrative Hearings Department
Rm. 212 Howlett Building, 62756
217-782-7065 |
| <input type="checkbox"/> Joliet | Office of the Secretary of State
Administrative Hearings Department
54 N. Ottawa St., 4th Fl., 60432
815-740-7171 | <input type="checkbox"/> Mount Vernon | Office of the Secretary of State
Administrative Hearings Department
218 S. 12th St., 62864
618-242-8986 |

Please indicate preference: a.m. p.m. Number of miles from home to hearing location: _____
Requests are scheduled based on availability. Your preference is not guaranteed.

All out-of-state petitioners and Illinois residents who are temporarily residing outside Illinois may apply for reinstatement in Illinois by obtaining, completing and submitting an Out-of-State Hearing Application instead of returning to Illinois for a formal hearing. For information on obtaining the application, please call 217-782-7065 or visit **www.cyberdriveillinois.com**.

By providing the Secretary of State with your email address, you hereby agree to receive notification of the time, date and location of your hearing and/or final decision by electronic transmission.

NOTE: Because your internet service provider or email program may use a type of spam filter, it is suggested that you add our email address (ahsupportservices@ilsos.gov) to your trusted list of senders, contacts and/or address book. Please check your email inbox and/or other folder/spam folders periodically.

Petitioner's signature

Email address

Date

HEARING FILING FEE

By law, any request for a Hearing must be accompanied by a **\$50 filing fee**. The fee may be submitted in the form of a check or money order payable to Secretary of State. Payment also may be made by credit/debit card by completing the form below. **CASH IS NOT ACCEPTED.** If a Hearing request is received without the filing fee, the form will be returned and a hearing will not be scheduled. This fee is **non-refundable** in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.





CREDIT OR DEBIT CARD PAYMENT FORM

To use a Visa, Novus/Discover, American Express or Mastercard as a method of payment for the Hearing filing fee, please complete the information below. **If paying by check, money order or attorney's check, do not complete this form. Furthermore, do not email this form.**

The credit/debit card must have a valid expiration date and a good credit standing. A payment processor fee will be assessed to the total for credit/debit charges. (This fee is charged by the bank. **NO** portion is retained by the Secretary of State.)

Credit

Debit

Petitioner's Name	Driver's License Number		
Street Address	City, State, ZIP Code		
Daytime Telephone Number ()	Please check the appropriate card		
Cardholder's Name (as it appears on card)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Cardholder's Credit/Debit Card Number	Expiration Date	Security Code	 <small>(3 on back: AMEX-4 on front)</small>
Cardholder's Mailing Address	City	State	ZIP

I hereby authorize the Office of the Secretary of State to charge my credit/debit card account for payment to be rendered plus the processor fee.

Cardholder's signature

Date

Petitioner's signature

Date