

PETITION TO CONTEST A "ZERO TOLERANCE" SUSPENSION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

www.cyberdriveillinois.com

Petitioner's Name

Petitioner's Driver's License Number

Street Address

Sworn Report Document Number

City/State/ZIP

Telephone Number and: (specify home ____ or work ____)

I hereby petition the Secretary of State to remove the "zero tolerance" suspension from my driving record for the following reasons (check the appropriate box(es)):

- The law enforcement officer did not have probable cause to believe that I was driving or in actual physical control of a motor vehicle at the time in question.
- The law enforcement officer did not have reason to believe that I was in violation of any provision of the Illinois Vehicle Code or a similar provision of a local ordinance.
- I was not issued a citation or arrested for a violation of any provision of the Illinois Vehicle Code or a similar provision of a local ordinance.
- The law enforcement officer did not have probable cause to believe that I had consumed any amount of alcohol.
- I was not verbally warned by the law enforcement officer of the ensuing consequences prior to being asked to submit to any type of chemical testing to determine my alcohol concentration, as provided in Sections 6-208.2 and 1-501.8 of the Illinois Vehicle Code.
- I did submit to the requested test(s), but the test sample from my blood concentration did not indicate a blood-alcohol level of more than 0.00.

IF IT IS ALLEGED YOU REFUSED OR FAILED TO COMPLETE A CHEMICAL TEST, THE FOLLOWING ISSUE ALSO MAY BE RAISED.

- I did not refuse to submit to or fail to complete the required chemical tests pursuant to Section 11-501.8 of the Illinois Vehicle Code upon the request of the law enforcement officer.
- I hereby claim an exception to the "zero tolerance" law pursuant to Section 11-501.8 of the Illinois Vehicle Code. Please specify:
 - I had consumed alcohol in the performance of a religious service or ceremony; **OR**
 - I had ingested a prescribed or recommended dosage of medicine that contained alcohol.

FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON ADDITIONAL PAGES. THE HEARING WILL BE LIMITED ONLY TO THE ISSUE(S) YOU HAVE MARKED.

Under penalties provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies the statements set forth in this Petition are true and correct.

Petitioner's Signature

Date

Send this petition and fee to the location where you prefer that the hearing be held, as listed below. The Secretary of State Administrative Hearings Department will attempt to accommodate your request taking into consideration the location of the arresting officer.

Office of the Secretary of State, Department of Administrative Hearings, at one of the following hearing locations: Suite 1200, 17 N. State, Chicago, IL 60602; Room 212 Howlett Building, Springfield, IL 62756; 54 N. Ottawa St., Joliet, IL 60432; 218 S. 12th St., Mt. Vernon, IL 62864.

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.**

The credit/debit card must have a valid expiration date and a good credit standing. A service fee of \$1.18 is added 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 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  |
| Cardholder's Name (as it appears on card) | |
| Cardholder's Credit/Debit Card Number | Expiration Date |
| 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 service fee.

Cardholder's Signature

Date

Petitioner's Signature

Date