

ADMINISTRATIVE HEARING REQUEST SAFETY RESPONSIBILITY SUSPENSION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Support Services Division
Room 212, Howlett Building
Springfield, IL 62756

www.cyberdriveillinois.com

Department of Transportation Crash #:
Secretary of State File #:
Date of Accident:
Illinois Driver's License #:
Illinois Registration #:
Effective Date of Suspension:

I, _____ hereby request an Administrative Hearing pursuant to 625 ILCS 5/7-205, Illinois Revised Statutes.

Please note that any request for a hearing to contest a Safety Responsibility Suspension must be accompanied by a \$50 filing fee. The fee must be submitted in the form of a money order, cashier's or certified check, or an attorney's check, payable to Secretary of State. Payment also may be made by credit card by completing the form on the reverse. **CASH OR PERSONAL CHECKS ARE NOT ACCEPTED.**

If a 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 1001.220.

I/We are aware that these Administrative Hearings are conducted at locations throughout Illinois, with location for said hearing determined by the uninsured motorist's county of residence.

Signature _____

Street Address _____

City, State, ZIP Code _____

Email Address _____

Date _____

**Office of the Secretary of State
 Department of Administrative Hearings
 Rm. 212, Howlett Building
 Springfield, IL 62756
 217-782-7065**






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 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	 Cards
			 (3 on back: AMEX-4 on front)
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