PETITION TO CONTEST A SUSPENSION UNDER SECTION 6-206(a)31 OF THE ILLINOIS VEHICLE CODE

Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

www.cyberdriveillinois

Petitioner's Name	Driver's License Number
Street Address	City/State/ZIP
Telephone Number (home ☐ work ☐)	

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

☐ I was not driving nor in actual physical control of a motor vehicle upon a public highway of this state at the time of the accident in question.

☐ The motor vehicle accident in question did not result in death or personal injury, as defined in Section 11-501.6 of the Illinois Vehicle Code (IVC), requiring immediate professional attention in either a doctor's office or a medical facility.

☐ I was not issued a Uniform Traffic Ticket for any violation of the IVC or a similar provision of a local ordinance, with the exception of equipment violations in Chapter 12 of the IVC.

☐ I was not verbally warned by the officer involved of the ensuing consequences, as required by Section 11-501.6 of the IVC.

☐ I did not refuse to submit to or fail to complete the required chemical test(s) pursuant to Section 11-501.6 of the IVC upon request of the officer involved, **OR**

☐ I did submit to the requested test(s), but the test sample did not indicate an alcohol concentration of .08 percent or more and/or any amount of a drug, substance or compound as set forth in Section 11-501.6 of the IVC.

FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM. ATTACH ADDITIONAL PAGES IF NEEDED. THE HEARING WILL BE LIMITED ONLY TO THE ISSUE(S) YOU HAVE CHECKED.

Send this petition 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 accident and the arresting officer.

☐ Chicago: Office of the Secretary of State
Administrative Hearings Department
17 N. State St., Ste. 1200, 60602
312-793-3722

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

☐ Joliet: Office of the Secretary of State
Administrative Hearings Department
54 N. Ottawa St., 4th Fl., 60432
815-740-7171

☐ 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.

_____
Petitioner's Signature

_____
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.**

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
Cardholder's Name (as it appears on card)	☐ DISCOVER NOVUS ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS Cards
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