

HEARING REQUEST TO CONTEST DELINQUENT CHILD SUPPORT PAYMENT SUSPENSION — ILLINOIS DEPARTMENT OF HEALTHCARE & FAMILY SERVICES (IDHFS) CERTIFICATION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

ilsos.gov

Petitioner's Name (Please Print)	Driver's License Number
Street Address	City, State, ZIP
Telephone Number ()	

I hereby request a hearing pursuant to Section 7-706 of the Illinois Vehicle Code (625 ILCS 5/7-706) to petition the Secretary of State to remove the above suspension from my driving record for the following reasons (check appropriate boxes):

- I am not the person who owes a duty to make payments under the Administrative Order of Support.
- The IDHFS Certification does not indicate that I am 90 days or more delinquent in payment of support under an order of support issued by a court or administrative body of this or any other state.
- A superseding notification from the IDHFS informed the Secretary of State that I have:
 - Paid the support delinquency in full, or
 - Arranged for payment of the delinquency and current support obligation to the satisfaction of the IDHFS.

For any boxes checked, please provide the facts to support the statement on the reverse side of this form and attach a copy of any order, certification or notification relevant to that issue (attach additional pages if needed).

Under penalties provided by law pursuant to §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

NOTE: You cannot contest the amount of your child support debt at this hearing. Your suspension is the result of an administrative action taken by the IDHFS. To contest the amount of the debt or that you owe a debt, you must contact IDHFS.

FILING FEE: Any request for a formal hearing must be accompanied by a **\$50 filing fee** in the form of money order, cashier's or certified check, a check drawn on the account of an attorney of record or an attorney professional corporation of record, or by credit/debit card by completing the approved form, payable to Secretary of State. **CASH OR PERSONAL CHECKS ARE NOT ACCEPTED.** If a request is received without the fee, the request will be returned and no hearing will be scheduled. The fee is **non-refundable** once the hearing is scheduled, in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code §1001.70.

Send this petition to the location you prefer the hearing be held:

- Chicago: Office of the Secretary of State
Department of Administrative Hearings
17 N. State St., Ste. 1200
Chicago, IL 60602
312-793-3722
- Joliet: Office of the Secretary of State
Department of Administrative Hearings
54 N. Ottawa St.
Joliet, IL 60432
815-740-7171
- Springfield: Office of the Secretary of State
Department of Administrative Hearings
501 S. Second St.
Rm. 212 Howlett Bldg.
Springfield, IL 62756
217-782-7065
- Mt. Vernon: Office of the Secretary of State
Department of Administrative Hearings
218 S. 12th St.
Mt. Vernon, IL 62864
618-242-8986

Please indicate preference: a.m. p.m.

**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 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)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
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