

HEARING REQUEST TO CONTEST COURT-ORDERED VISITATION ABUSE DRIVING PRIVILEGES SUSPENSION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS
17 N. State, Ste. 1200 RM 212, Howlett Bldg.
Chicago, IL 60602 Springfield, IL 62756
ilsos.gov

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

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 the appropriate reason(s)):

- I am not the person with obligations under a visitation order from the court.
- The authenticated document of a visitation order from the court does not indicate that:
 - I have violated a visitation order and have been found to have engaged in visitation abuse.
 - I have been found in contempt of court for failure to abide by a visitation order.
- A superseding authenticated document of any court order concerning visitation has been entered in a superseding notification, and has informed the Secretary of State's office that the court has determined there has been sufficient compliance with the court's visitation order and that full driving privileges should be reinstated.

FOR ANY REASON CHECKED, PLEASE SUPPLY THE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM AND ATTACH A COPY OF THE COURT ORDER OR AUTHENTICATED DOCUMENT FROM THE COURT. ATTACH ADDITIONAL PAGES IF NECESSARY. INCOMPLETE PETITIONS WILL BE RETURNED AND NOT SCHEDULED.

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

Petitioner's Signature

Date

YOU CANNOT CONTEST THE VISITATION TERMS OR WHETHER YOU HAVE VIOLATED THE COURT ORDER OF VISITATION AND WERE FOUND TO HAVE ENGAGED IN VISITATION ABUSE AND ARE IN CONTEMPT OF THE COURT AT THIS HEARING. Your suspension is the result of notification that you violated a court order of visitation. To contest whether you violated the visitation order and are in contempt of the court, you must contact the court that entered the order.

NOTE: Any request for a Formal Hearing must by law 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, or by credit/debit card by completing the appropriate form. **CASH IS NOT ACCEPTED.** If a request is received without the fee attached, it will be returned and no hearing will be scheduled. This fee is **NON-REFUNDABLE** once a 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 where you prefer the hearing be held:

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

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

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) | <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  |
| Cardholder's Credit/Debit Card Number | Expiration Date |
| Cardholder's Mailing Address | <div style="display: flex; justify-content: space-between;"> City State ZIP </div> |

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