

**PETITION TO CONTEST A SUSPENSION
UNDER SECTION 5-16c(e) OF THE
ILLINOIS BOAT REGISTRATION
AND SAFETY ACT (IBRSA)**



**Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS**

ilsos.gov

Petitioner's Name	Driver's License Number
Street Address	City/State/ZIP
Phone (home <input type="checkbox"/> work <input type="checkbox"/>	

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

- I was not driving, nor in actual physical control of a motorboat within this state at the time of the accident in question.
- The motorboat accident in question did not result in death or personal injury, as defined in Section 5-16c(f) of the IBRSA. It did not require immediate professional attention in either a doctor's office or a medical facility.
- I was not issued a Uniform Citation for any violation of the IBRSA, or a similar provision of a local ordinance, with the exception of equipment violations in Article IV of the Act or similar provisions of local ordinances.
- I was not verbally warned by the officer involved of the ensuing consequences, as required by Section 5-16c(c) of the IBRSA.
- I did not refuse to submit to or fail to complete the required chemical test(s) pursuant to Section 5-16c(c) of the IBRSA 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 5-16c(c) of the IBRSA.

FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM. ATTACH ADDITIONAL PAGES IF NECESSARY. 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, while also taking into consideration the location of the accident and the arresting officer.

The four hearing locations:

- 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.

By providing the Secretary of State with an email address, the petitioner hereby agrees to receive notification of the time, date and location of their hearing and/or final decision of the Secretary of State's office by electronic transmission.

Petitioner's Signature

Date

Email Address - (Please print)

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
Phone ()	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