

**PETITION TO CONTEST THE  
CANCELLATION, SUSPENSION OR  
DENIAL OF A SCHOOL BUS PERMIT**



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

ilsos.gov

I hereby request a Hearing pursuant to Section 2-118 of the Illinois Vehicle Code. Enclosed is the **\$50 filing fee** (see back for fee information).

I am contesting the action of the Secretary of State in cancelling, suspending or denying the School Bus Permit for the following reasons:

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**PLEASE SUPPLY SUPPORTING DOCUMENTS AND/OR A COPY OF THE LETTER RECEIVED FROM THE SECRETARY OF STATE'S OFFICE. INCOMPLETE DOCUMENTATION WILL BE RETURNED AND NOT SCHEDULED.**

Name		Driver's License Number	
Address			City
State	County		ZIP Code
Telephone (Home) (    ) (Work) (    ) (Cell) (    )			
Date of Birth		Email	

Please check below and mail this form to the location where you would like a Hearing:

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  
217-782-3296

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.

**ATTORNEY INFORMATION (if applicable)**

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

By providing the Secretary of State with an email address, the petitioner hereby agrees to receive notification of the time, date and location of his or her Hearing and/or final decision by electronic transmission.

**NOTE: Because your internet service provider or email program may use a type of spam filter, it is suggested that you add our email address ([ahsupportservices@ilsos.net](mailto:ahsupportservices@ilsos.net)) to your trusted list of senders, contacts and/or address book. Please check your email inbox and/or other folder/spam folders periodically.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

## 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. Furthermore, do not email or fax 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	 <small>(3 on back: AMEX-4 on front)</small>
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