

NON-RESIDENT/OUT-OF-STATE PETITIONER HEARING APPLICATION



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

Before completing this application, carefully read and follow the instructions. Failure to follow the instructions may result in substantial delays in processing the application and/or denial of the petitioner's application for driving relief.

IMPORTANT: Petitioners intending to re-establish residency in Illinois within the next 60 days may not apply for driving relief by mail. A petitioner returning to Illinois must have an in-person hearing with a Secretary of State hearing officer.

Petitioners who have one or more traffic offenses pending in any court in Illinois or any other state may not apply for driving relief until there is a final disposition such as dismissal, conviction or other resolution of the traffic offense(s) in the court where the offense(s) is pending.

All petitioners must complete the following requirements:

1. Submit a **\$50 filing fee** in the form of a check or money order payable to Secretary of State, or by credit/debit card using the form on page 16.
2. A petitioner may obtain a copy of his/her Illinois driving record by submitting a written request along with a **\$12** check or money order payable to Secretary of State to: Secretary of State, Driver Services Department, 2701 S. Dirksen Pkwy., Springfield, IL 62723. **DO NOT SEND CASH. The written request must include the petitioner's Illinois driver's license number, if available, full name and middle initial, date of birth, sex, and be signed and dated.**
3. Out-of-state petitioners must submit evidence of current residency such as voter registration, income tax return, mortgage contract, employment verification, utility and/or telephone bills, etc. (see page 12). The Department of Administrative Hearings may reject an out-of-state petition if the petitioner is regularly present in Illinois for such things as work, school or family contacts and is, therefore, capable of attending a hearing in person. Proof of residency must be dated within 30-60 days of mailing the application. **NOTE: Proof of residency must reflect the same address as reported on the affidavit.**
4. A petitioner who has changed his/her name must submit a copy of a **marriage certificate, divorce decree or court order** reflecting the name change.
5. Submit the **three** enclosed **Documentation of Abstinence/Character/Substance Use** forms. These forms must be signed and dated, discuss the petitioner's character and ability to be a safe and responsible driver, and include the frequency and amount of the petitioner's alcohol/drug use for at least the last 12 months. Persons completing the forms should know and see the petitioner on a regular and frequent basis.
6. **All petitioners must complete Section I — General Information Affidavit on pages 3-4.**

INSTRUCTIONS FOR COMPLETING HEARING APPLICATION

- Petitioners must demonstrate in a clear and convincing manner that they are not a risk to the public's safety and welfare.
- Petitioners must answer all questions truthfully and to the best of their knowledge. Be specific when answering questions.
- The application must be typed or printed and easy to read.
- Petitioners who have problems reading or following instructions should find someone to assist them in completing the application.
- Once the Secretary of State receives a completed hearing application, a determination will be made if any other documentation is required. Petitioners may be required to submit a current Alcohol/Drug Evaluation and comply with any recommended countermeasures.
- All applications are handled in the order received. Time will be granted to complete any other requirements. Petitioners who fail to submit the required documentation in the time allowed will have their applications defaulted and must observe the waiting requirement before re-applying.

- Petitioners will be notified by mail of the decision at the address reported on the Out-of-State Petitioner's Affidavit. **Decisions will not be given over the telephone.** If a decision is made to reinstate and/or grant driving relief, a 12-month grace period will be granted from the date of the decision for the petitioner to pay any reinstatement fees due and submit a completed affidavit for waiving the Financial Responsibility Insurance (SR-22) requirement.
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1. **SECTION I:** This section has two pages and is the General Information Affidavit. **It must be completed by all petitioners.**
2. **SECTION II:** This section must be completed by a petitioner who **meets all the following criteria:** 1) is not an Illinois resident at the time of the arrest(s) that led to the revocation and continues to reside in another state; 2) currently does not reside within 30 miles of the Illinois border; 3) currently revoked in Illinois and eligible to apply for a driver's license and driving privileges in any other state; 4) never been denied driving relief at a previous hearing in Illinois; and 5) never **been required to submit an evaluation at a previous hearing in Illinois. Petitioners who meet all these criteria and complete Sections I and II may STOP HERE**, as no other sections in the affidavit need to be completed within the application.
3. **SECTION III:** This section must be completed by a petitioner who **does not meet Section II criteria, is revoked and/or suspended for a non-alcohol/drug arrest(s) on his/her Illinois driving record, and does not have any alcohol/drug-related arrests.** Petitioners who meet all these criteria and who complete **Sections 1 and III may STOP HERE**, as no other sections in the affidavit need to be completed within the application.
4. **SECTION IV:** This section has five pages and must be completed by a petitioner who **does not meet Section II and Section III** criteria and who has **received any alcohol/drug-related arrests in any state.** Question 2 on page 7 must list all alcohol/drug-related arrests and dispositions in any state.

Petitioners should make copies of all documents before submitting the hearing application. A \$.50 per-page fee is charged for copies of documents requested after the Secretary of State's office has received the application. If an additional application is requested before submitting this application, a fee will be collected before mailing the additional application. For more information, please call **217-782-3943 or 217-524-7982 (fax), or e-mail ooshearings@ilsos.net.**

Submit the completed Hearing Application and all required documentation in one envelope to:

**Illinois Secretary of State
Department of Administrative Hearings
Rm. 207 Howlett Building
Springfield, IL 62756**

SECTION I: Must be completed by all petitioners.

**OUT-OF-STATE PETITIONER'S GENERAL INFORMATION AFFIDAVIT
Petition to the Office of the Illinois Secretary of State**

Former Illinois Driver's License Number: _____

Name: (Last, First, Middle)		Telephone Number:
Current Residence Address: (Street/City/State/ZIP)		County:
Last Illinois Address: (Street/City/State/ZIP)		County:
Sex: M F	Date of Birth: / /	Social Security Number:

1. Were you a resident of the State of Illinois at the time of your alcohol/drug-related arrest(s) or non-alcohol/drug-related arrests(s) that resulted in the revocation, suspension or cancellation of your driver's license? **YES** **NO**
If you were ever an Illinois resident, when did you move out of state? _____
2. Do you intend to establish residency in the State of Illinois? **YES** **NO**
If yes, when are you moving to Illinois? _____
3. Do you intend to apply for a license to drive in the State of Illinois? **YES** **NO**
4. In the past 12 months how often have you visited the State of Illinois for personal reasons _____ and/or for employment purposes _____.
5. Do you currently have any traffic tickets pending against you in Illinois or any other state? **YES** **NO** If yes, report what state(s), description of charge(s) and date(s) occurred:

6. If you have ever been arrested for any traffic violations or alcohol/drug-related arrest, report the following:

State:	Dates License Held:	Driver's License Number:

7. Have you ever received mental health treatment? **YES** **NO** If yes, explain in detail when and where the treatment took place, the diagnosis and any medications you are taking. Also, if your treatment was within the last five years, submit a Comprehensive Discharge Summary.

8. Do you have any medical conditions such as epilepsy or other seizure disorders, heart problems, diabetes, high blood pressure, glaucoma, cancer, etc? **YES** **NO** If yes, describe in detail when you were diagnosed, medications you are taking and whether you were advised by your physician or pharmacist not to consume alcohol while taking these medications due to your medical condition.

9. Are you currently undergoing treatment and/or taking medication for a diagnosed psychiatric disorder? **YES** **NO** If yes, submit a separate report from the agency or practitioner providing such treatment and/or prescribing such medication, which discusses the diagnosis, your current status, a prognosis, and whether any medication you are currently taking may potentially impair your ability to safely operate a motor vehicle.

10. Are you currently on probation or parole? **YES** **NO** If yes, submit a certified copy of the terms of the parole/probation and a current letter from your parole/probation officer indicating if you are in compliance with the terms and if there are any restrictions in your terms that prohibit the operation of a motor vehicle. If you have completed your term(s) of parole/probation, submit a Termination of Supervision letter from the Department of Corrections.

What was your prison release date and why were you incarcerated?

Under penalty of perjury, I certify that the statements set forth in this document are true and correct.

Petitioner's Signature

Date

After completing Section I, continue to the next applicable Section (see instructions on pages 1-2).

SECTION II:

Former Illinois Driver's License Number: _____

NOTE: A National Driver Registry check (PDPS) is performed to review all out-of-state driving records. This review will show whether you are ineligible to apply for a license in another state(s). If you are ineligible, the PDPS will not indicate why. If you know this review will show an "Ineligible" status, please submit a letter(s) from that state(s) indicating the reason for withdrawal of your driver's license and driving privileges.

If you meet all the following criteria, complete, sign and date the affidavit below.

1. I did not have a valid Illinois driver's license nor did I reside in the State of Illinois at the time of my arrest(s) in Illinois, which led to the revocation of my Illinois driving privileges.
2. My driving privileges are not suspended, cancelled, withdrawn or revoked in another state.
3. I continue to reside in another state. I reside more than 30 miles from the Illinois border and I am not prohibited from obtaining driving relief in any other state if cleared by the State of Illinois. I am not seeking to reside in or be licensed to drive in the State of Illinois.
4. As a result of my arrest(s) in Illinois for the offense(s) that resulted in the revocation of my Illinois driving privileges, the State of _____, where I resided and/or where I was licensed to drive at the time of my arrest(s) in Illinois, **did not** take action against my driving privileges; or as a result of my arrest(s) in Illinois for the offense(s) that resulted in the revocation of my Illinois driving privileges, the State of _____, where I resided and/or where I was licensed to drive at the time of my arrest(s) in Illinois, suspended or revoked my driving privileges in that state, but the suspension or revocation has terminated, and I am free and clear to drive and/or apply for a driver's license in that state if the State of Illinois reinstates my Illinois driving privileges.
5. I understand that I must pay all fees due to the State of Illinois prior to reinstatement of my driving privileges.
6. I understand and agree that if I am granted reinstatement and subsequently apply for Illinois driving privileges and driver's license within three years from the date of reinstatement in Illinois, I shall be required to have an administrative hearing and meet all applicable requirements of 92 Illinois Administrative Code, Part 1001, prior to issuance of any Illinois driving privileges and driver's license.

Under penalty of perjury, I certify that the statements set forth in this document are true and correct.

Petitioner's Signature

Date

If all the above criteria apply to you, STOP HERE. If the criteria does not apply to you, continue to Section III.

SECTION III

Former Illinois Driver's License Number: _____

1. On a **separate sheet of paper**, describe the events leading up to, during and after the **non-alcohol/drug-related arrest(s)** that led to the loss of your driving privileges in Illinois. Please be as specific and informative as possible. **Remember, the burden is on you to demonstrate that your driving privileges should be restored.**
2. What are your plans to be a more responsible driver in the future?

3. Have you ever been involved in a motor vehicle accident(s) resulting in personal injuries and/or death? **YES** **NO**
If yes, report the date(s), a brief description of the accident, and whether you were charged with and/or convicted of any violations as a result of the accident.

4. If you were convicted of leaving the scene of the accident, why did you leave the scene?

5. Have you ever been involved in a motor vehicle accident(s) that involved only property damage, either to your vehicle, another vehicle(s) or any other property? **YES** **NO** If yes, report the date(s), a brief description of the accident, and whether you received any tickets regarding these accidents.

6. Have you ever been arrested for driving during a suspension, revocation or without a valid driver's license? **YES** **NO**
If yes, why did you drive? _____
How many times have you driven without a valid license and/or while suspended or revoked? _____
When was the last time you drove a motor vehicle without a valid license and/or while suspended or revoked, and explain why you were driving on that occasion?

7. Report on a **separate sheet of paper** any other information you feel may be relevant in helping the Secretary of State's office determine whether to reinstate your driving privileges.

Under penalty of perjury, I certify that the statements set forth in this document are true and correct.

Petitioner's Signature

Date

If all the above criteria apply to you, STOP HERE. If the criteria does not apply to you, continue to Section IV.

12. If you refused the breath, blood or urine test, why did you refuse?

13. If your arrest was the result of a traffic accident, was anyone:

Killed: **YES** **NO** How many: _____

Injured: **YES** **NO** How many: _____

14. At the time of the arrest, did you believe you were capable of safely operating a motor vehicle? **YES** **NO**

15. At the time of the arrest, did you feel intoxicated? **YES** **NO**

16. What was the disposition of this arrest? (check appropriate disposition)

Convicted of DUI

Convicted of a reduced charge

Sentenced to court supervision, deferred prosecution, suspended sentence, etc.

Dismissed

If dismissed, reason charge was dismissed:

17. Have you received any other traffic citations or been involved in any automobile accidents (including single car accidents) that involved alcohol/drugs or in which alcohol/drugs were a factor? **YES** **NO**

Report and explain all illegal transportations for alcohol or drugs in any state:

18. Have you been arrested for any criminal offenses (**including felonies and misdemeanors**) that were alcohol/drug-related or committed while under the influence of alcohol/drugs? **YES** **NO** Explain:

19. Were you ever involved in any accidents as a driver in which someone was killed or injured and alcohol/drugs was **not** a factor? **YES** **NO** Explain:

20. If your driving privileges have been suspended or revoked for other non-alcohol/drug-related offenses, explain the facts of the offenses in detail (attach another sheet of paper if necessary).

21. Because of your last conviction for DUI or other alcohol/drug-related arrest, were you required to participate in an alcohol/drug use evaluation? **YES** **NO** **If yes, submit a copy of the evaluation along with this affidavit.**
22. Have you ever received alcohol/drug abuse/dependency treatment? **YES** **NO** If yes, explain in detail when and where the treatment took place and the diagnosis. If the treatment was within the **last five years**, also submit a Comprehensive Discharge Summary.

NOTE: For questions 21 and 22 above, the evaluator/treatment provider must submit a letter if these records have been destroyed. If you cannot obtain these records because the agency is no longer in business, please indicate so below.

23. Only answer questions a through m below if you have ever been diagnosed as and/or consider yourself to be “Alcoholic/Chemically Dependent,” whether active or in remission. If you complete this section, the Secretary of State’s office will consider you to be “Chemically Dependent.”

- a. Are you abstaining from drinking any amount of alcoholic beverages? **YES** **NO**
 On what date did you last consume any amount of alcohol? _____
 Are you abstaining from using all mood-altering drugs (other than alcohol)? **YES** **NO** If no, explain:
- Date you last used any mood-altering drug(s): _____
- b. Have you submitted at least three letters from persons with whom you have regular contact (at least twice weekly) who can verify that you have been abstinent from alcohol and/or drugs? **YES** **NO**
- c. Are you attending a recognized alcohol or drug self-help program such as Alcoholics Anonymous or Narcotics Anonymous? **YES** **NO** If yes, answer questions d through i. If no, go to question j.
- d. Who recommended that you attend a self-help program? _____
- e. How long have you participated in this program? _____
- f. How often do you attend? _____
- g. Have you submitted at least three letters from members of your self-help program? **YES** **NO**
- h. What changes or improvements can you point to in your life since you have become abstinent and (if applicable) have begun participation in a self-help program?
- i. If you were involved in a self-help program but have since stopped, explain why you discontinued participation and when this occurred?
- j. If you are not a member of AA or NA, have you developed an informal/non-traditional support/recovery program to help you maintain abstinence? **YES** **NO** If yes, go to question k then answer the following questions. If no, go to the **Drinking History** section on the next page.
- k. How long have you participated in this program? _____
- l. Have you submitted a letter written by you explaining what your support/recovery program is and how it helps you stay abstinent from alcohol/drugs? **YES** **NO**
- m. Have you submitted letters from at least three fellow members/participants in your non-traditional support/recovery program? **YES** **NO**

DRINKING HISTORY: Every petitioner must complete this section.

1. Describe your typical drinking/drug use pattern during the **12 months before your most recent DUI** or, if never arrested for DUI, the most recent alcohol/drug-related arrest:
 - a. Drink/drug of choice: _____
 - b. Typical amount of alcohol and/or drugs consumed per occasion: _____
 - c. Number of drinking/drug occasions per month: _____
 - d. Number of intoxications per month: _____
 - e. Amount of alcohol/drugs required to reach intoxication: _____
 - f. Reason(s) for drinking to the level of intoxication: _____
 - g. Usual place of drinking/drug use: _____
 - h. Length of time (months/years) you maintained this alcohol/drug pattern: _____

2. Describe your typical drinking/drug use pattern during the **past 12 months**. If you have been totally abstinent from drinking/using any type of alcoholic beverages/drugs for the past 12 months or more, go to question 3.
 - a. Drink/drug of choice: _____
 - b. Typical amount of alcohol and/or drugs consumed per occasion: _____
 - c. Number of drinking/drug occasions per month: _____
 - d. Number of intoxications per month: _____
 - e. Amount of alcohol/drugs required to reach intoxication: _____
 - f. Reason(s) for drinking to the level of intoxication: _____
 - g. Usual place of drinking/drug use: _____
 - h. Length of time (months/years) you maintained this alcohol/drug pattern: _____

3. If totally abstinent from alcohol and drug use:
 - a. Last time you used any amount of an alcoholic beverage: _____
 - b. Last time you used any mood-altering drugs: _____
 - c. Why did you stop/quit using the alcohol/drugs? _____

 - d. Drinking/drug use pattern for the 12 months before you quit: _____

4. Has your drinking/drug use pattern ever consisted of more than described in Question 1 or 2 above? **YES** **NO**
If yes, describe the pattern and indicate when it took place:

5. If there has been a change in your drinking/drug use pattern since your last DUI or alcohol/drug-related arrest, explain why it has changed:

6. What is your intention regarding the future use of alcohol/drugs and why?
7. If you have made a decision to never drink/use drugs again, explain the reason(s) for this decision:
8. Describe the last time you became intoxicated or high on alcohol or other drugs.
- When did this occur? _____
 - What was consumed and how much was consumed? _____
 - In what time period? _____
 - What was the occasion? (party, evening out, socialized, etc.) _____
9. Have you ever experienced the following as a result of your alcohol/drug use?
- Missed work YES NO
 - Under the influence of alcohol/drugs during work YES NO
 - Under the influence of alcohol/drugs before noon YES NO
 - Gulped or sneaked drinks YES NO
 - Hidden alcohol/drugs in the home from parents or spouse YES NO
 - Experienced memory loss of events that occurred during intoxication YES NO
 - Passed out. YES NO
 - Become sick (headaches, hangovers, upset stomach, vomiting, etc.) YES NO
 - Been in a fight YES NO
 - Had close friends or relatives express concern over drinking/drug use YES NO
 - Set out with thought of having a social drink but became intoxicated YES NO
 - Lost friends or had relationships break up over alcohol/drug use YES NO
 - Felt indignant when confronted with possible alcohol/drug problem. YES NO
 - Felt guilty or ashamed of things said or did while drinking/using drugs YES NO
 - Tried to quit drinking/using drugs but failed YES NO
 - Experienced extreme personality changes when drinking/using drugs. YES NO
 - Noticed increased tolerance to alcohol or other drugs YES NO
 - Used alcohol to self-medicate chronic pain YES NO
 - Experienced shakes or tremors YES NO
10. Is there any history of alcoholism/drug addiction in your immediate family? **YES** **NO** If yes, what is the relationship?

Under penalty of perjury, I certify that the statements set forth in this document are true and correct.

Petitioner's Signature

Date

This form must be signed and dated within 30 days prior to mailing.

PROOF OF RESIDENCY

Attach one item of proof of residency to this page and submit along with your application and other required documentation.

Examples of acceptable proof of residency include:

- **utility bill**
- **telephone bill**
- **paycheck stub**
- **bank statement**
- **ID card**
- **W-2 form**
- **military orders**
- **mortgage contract**

The address on the proof of residency must reflect the address on your Out-of State Petitioner's Affidavit.

Your proof of residency must be dated within 30-60 days.

OUT-OF-STATE PETITIONER DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

An out-of-state petitioner must provide **at least three** original letters from individuals who have regular and frequent contact with him/her, which include, at a minimum, the following information. This form may be completed and submitted in lieu of a letter. Letters/forms must be signed and dated within **45 days prior to being mailed** to the Illinois Secretary of State's office. If additional space is needed, please use the back of this form.

Petitioner's Name

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
2. How long have you known the petitioner?
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
4. How long have you known the petitioner to be abstinent **from alcohol and/or drugs**? Be as specific as possible, providing abstinence dates for each substance, if applicable. If the petitioner is **still using alcohol/drugs**, describe the frequency and amount of alcohol/drug use and how long the petitioner has maintained that use.
5. Describe any changes in lifestyle and general attitude you have observed in the petitioner since he/she has remained abstinent or maintained the current use pattern.
6. Describe the petitioner's character and why you feel he/she will be a safe and responsible driver.

NOTE: Fellow members of a support group should not provide Abstinence/Character/Substance Use letters/forms unless the members have regular and frequent contact with the petitioner outside the group meetings. If a fellow member provides a letter/form, he/she must identify the frequency and extent of contact with the petitioner outside of the group meetings.

Provider's Signature

Date

Address/City/State/ZIP

OUT-OF-STATE PETITIONER DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



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Provider's Signature

Date

Address/City/State/ZIP

OUT-OF-STATE PETITIONER DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



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Provider's Signature

Date

Address/City/State/ZIP

OUT-OF-STATE PETITIONER FORMAL HEARING FILING FEE CREDIT/DEBIT CARD PAYMENT FORM



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

All Out-of-State Petitioner Formal Hearing Applications 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, or by credit/debit card using this form. **DO NOT SEND CASH. If you pay by check or money order you do not need to complete this form.** Applications received without the fee will not be processed until the fee is submitted. The fee is **nonrefundable** in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

Credit/debit cards must have a valid expiration date and a good credit standing. A \$2 convenience fee is assessed on all credit/debit card payments. The convenience fee is charged by the bank; no portion is retained by the Secretary of State's office.

Petitioner's Name Illinois Driver's License Number

Address: (Street/City/State/ZIP) _____

Daytime Telephone Number: _____

Check appropriate Card: Novus/Discover Visa Master Card American Express

Type of Card: Credit Debit

Cardholder's Name: (as it appears on card) _____

Cardholder's Address: (Street/City/State/ZIP) _____

Cardholder's Account Number: _____ Expiration Date: _____

I hereby authorize the Office of the Secretary of State to charge my credit/debit card for the \$50 filing fee plus a \$2 convenience fee.

Cardholder's Signature Date