

**PETITION TO CONTEST A SUSPENSION
UNDER SECTION 6-206(a)31
OF THE ILLINOIS VEHICLE CODE**



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

ilsos.gov



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

A hearing request must be accompanied by a **\$50 filing fee**. The fee must be submitted in the form of a check or money order payable to the Secretary of State. **CASH IS NOT ACCEPTED**. Please check below and mail this form, along with the filing fee, to the location where you would like a hearing. 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.

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

- I was not driving nor in actual physical control of a motor vehicle upon a public highway of this state at the time of the accident in question.
- The motor vehicle accident in question did not result in death or personal injury, as defined in Section 11-501.6 of the Illinois Vehicle Code (IVC), requiring immediate professional attention in either a doctor's office or a medical facility.
- I was not issued a Uniform Traffic Ticket for any violation of the IVC or a similar provision of a local ordinance, with the exception of equipment violations in Chapter 12 of the IVC.
- I was not verbally warned by the officer involved of the ensuing consequences, as required by Section 11-501.6 of the IVC.
- I did not refuse to submit to or fail to complete the required chemical test(s) pursuant to Section 11-501.6 of the IVC 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% or more and/or any amount of a drug, substance or compound as set forth in Section 11-501.6 of the IVC.

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

- | | |
|---|---|
| <input type="checkbox"/> Chicago: Office of the Secretary of State
Administrative Hearings Department
17 N. State St., Ste. 1200, 60602
312-793-3722 | <input type="checkbox"/> Springfield: Office of the Secretary of State
Administrative Hearings Department
Rm. 212 Howlett Building, 62756
217-782-7065 |
| <input type="checkbox"/> Joliet: Office of the Secretary of State
Administrative Hearings Department
54 N. Ottawa St., 4th Fl., 60432
815-740-7171 | <input type="checkbox"/> 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.

Petitioner's Signature Date