

EMPLOYEE/ATTORNEY INFORMATION



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
ilsos.gov

Date: _____

EMPLOYMENT INFORMATION

The following information concerning your employment, if any, is required for your hearing. Please complete this form prior to your hearing.

Employer: _____

Employer's Address: _____

APPEARANCE BY ATTORNEY

Petitioner: _____

Petitioner's Driver's License Number: _____

Attorney: _____

Attorney's Address: _____

Attorney's Phone: _____

Attorney's Email: _____

EMAIL AUTHORIZATION

Petitioner's Email: _____

By providing the Secretary of State with your email address, the petitioner hereby agrees to receive notification of a final decision of the Secretary of State 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.gov) 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: _____