

ADMINISTRATIVE HEARING REQUEST SAFETY RESPONSIBILITY SUSPENSION



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

Support Services Division
Rm. 212, Howlett Building
Springfield, IL 62756
www.cyberdriveillinois.com

Department of Transportation Crash #:
Secretary of State File #:
Date of Accident:
Illinois Driver's License #:
Illinois Registration #:
Effective Date of Suspension:

I, _____ hereby request an Administrative Hearing pursuant to 625 ILCS 5/7-205, Illinois Revised Statutes.

Please note that any request for a hearing to contest a Safety Responsibility Suspension must be accompanied by a \$50 filing fee. The fee must be submitted in the form of a money order, cashier's or certified check, or an attorney's check, payable to Secretary of State. Payment also may be made by credit card by completing the form on the reverse. **CASH OR PERSONAL CHECKS ARE NOT ACCEPTED.**

If a 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 1001.220.

I/We are aware that these Administrative Hearings are conducted at locations throughout Illinois, with location for said hearing determined by the uninsured motorist's county of residence.

Signature _____

Street Address _____

City, State, ZIP Code _____

Date _____





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Rm. 212, Howlett Building
Springfield, IL 62756
217-782-7065

CREDIT OR DEBIT CARD PAYMENT FORM

To use a Visa, Novus/Discover, American Express or MasterCard as a method of payment for the Administrative 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 card must have a valid expiration date and a good credit standing. A \$2 convenience fee is added for each hearing requested. (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 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
Cardholder's Name (as it appears on card)	
Cardholder's Account Number	Expiration Date
Cardholder's Mailing Address	City State ZIP

I hereby authorize the Office of the Secretary of State to charge my credit card account for payment to be rendered plus a \$2 convenience fee.

Cardholder's Signature

Date

Petitioner's Signature

Date