

**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**

www.cyberdriveillinois.com

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

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 percent 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.

Petitioner's Signature

Date

NOTE: Any request for a formal hearing must be accompanied by a **\$50 FILING FEE**, as required by law. The fee may be submitted in the form of a check or money order payable to Secretary of State, or by credit card by completing the appropriate form. **CASH IS NOT ACCEPTED.** If a request is received without the fee attached, it will be returned and no hearing will be scheduled. This fee is **NON-REFUNDABLE** once a hearing is scheduled in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

Send this Petition to the Secretary of State location where you prefer the hearing be held (see reverse).

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.

Chicago Office of the Secretary of State
Department of Administrative Hearings
17 N. State Street, Ste. 1200, 60602
312-793-3722

Joliet Office of the Secretary of State
Department of Administrative Hearings
54 N. Ottawa St., 4th Fl., 60432
815-740-7171

Mount Vernon Office of the Secretary of State
Department of Administrative Hearings
218 S. 12th St., 62864
618-242-8986

Springfield Office of the Secretary of State
Department of Administrative Hearings
Rm. 212 Howlett Bldg., 62756
217-524-0124

Please indicate preference: a.m. _____ p.m. _____

The attorney for the petitioner may enter his/her appearance by providing his/her name, office address, telephone number and ARDC registration number below.

Attorney's Name	Registration Number
Address	Telephone Number
City/State/ZIP	Signature