

# 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 \_\_\_\_\_

**Office of the Secretary of State**  
**Department of Administrative Hearings**  
**Rm. 212, Howlett Building**  
**Springfield, IL 62756**  
**217-785-8342**





**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