



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

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

FORMAL HEARING REQUEST

Date _____

I hereby request a Formal Hearing pursuant to Section 2-118 of the Illinois Vehicle Code. Enclosed is the **\$50 filing fee** (see back for fee information). The purpose of the hearing is to allow me to:

- Contest the suspension, revocation or cancellation action of the Secretary of State.
- Apply for a Restricted Driving Permit (RDP).
- Apply for reinstatement of driving privileges.
- Alternatively, apply for reinstatement or an RDP.
- Contest the re-suspension or extension of the statutory summary suspension under the Monitoring Device Driving Permit (MDDP) Program.
- Other: _____

Name		Driver's License Number	
Address			City
State	County		ZIP Code
Telephone (Home) () (Work) ()			
Date of Birth			

Formal Hearings are held in Chicago, Joliet, Springfield and Mount Vernon. Please mail the Formal Hearing Request Form to the location checked below where you would like a hearing:

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

All out-of-state petitioners and Illinois residents who are temporarily residing outside Illinois may apply for reinstatement in Illinois by obtaining, completing and submitting an Out-of-State Hearing Application instead of returning to Illinois for a formal hearing. For information on obtaining the application, please call 217-785-8227 or visit **www.cyberdriveillinois.com**.

If you reside within 30 miles of the Illinois border or if you frequently visit Illinois, you must attend a formal hearing at one of the hearing locations above and submit the completed application. For more information on this requirement, please call 217-782-3943.

If you would like your Notice of Hearing, supporting information and the decision entered in your case e-mailed to you, please provide your e-mail address: _____@_____

If the e-mail address is that of your attorney, the Notice of Hearing will only be sent to the attorney's e-mail address. The Notice of Hearing will not be sent by U.S. mail if sent by e-mail.

Petitioner's signature: _____

FORMAL HEARING FILING FEE

By law, any request for a Formal Hearing must be accompanied by a **\$50 filing fee**. The fee may be submitted in the form of a check or money order payable to Secretary of State. Payment also may be made by credit card by completing the form below. CASH IS NOT ACCEPTED. If a Formal 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.





CREDIT OR DEBIT CARD PAYMENT FORM

To use a Visa, Novus/Discover, American Express or MasterCard as a method of payment for the Formal 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