



**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) (      )		Telephone (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

\* For Chicago location only — If a language interpreter is needed, please indicate preference:  
 Spanish  Polish

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		
Cardholder's Name (as it appears on card)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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