

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 _____

