

PETITION TO CONTEST AN ILLINOIS TOLL VIOLATION SUSPENSION



Office of the Secretary of State
DEPARTMENT OF ADMINISTRATIVE HEARINGS
 17 N. State, Ste. 1200 Rm. 212, Howlett Bldg.
 Chicago, IL 60602 Springfield, IL 62756
 www.cyberdriveillinois.com

Petitioner's Name	Driver's License Number
Street Address	Home Telephone Number
City/State/ZIP	Work Telephone Number
License Plate Number(s) Suspended	

NOTE: Please attach a copy of the **NOTICE OF IMPENDING SUSPENSION** you received from the Illinois State Toll Highway Authority and the **NOTICE OF SUSPENSION** from the Secretary of State.

I hereby request a hearing with the Secretary of State to contest the following suspension(s) under the Illinois Vehicle Code (IVC), due to a failure to satisfy any fine or penalty resulting from a final order involving the Authority relating directly or indirectly to five or more Illinois toll violations, evasions or both (check those that apply):

- Vehicle Registration Suspension, pursuant to §3-704.2 of the IVC.
- Driving Privileges Suspension, pursuant to §6-306.7 of the IVC.
- The report from the Authority notifying the Secretary of State of the unsatisfied fines or penalties was not certified by the Authority.
- The report from the Authority did not contain the following information (check the boxes that apply to your situation and circle information that was missing):
 - My name, last known address, driver's license number, or registration number of any vehicle known to be registered in this State to me.
 - A statement that the Authority sent a notice of impending suspension of my driver's license, vehicle registration, or both, to me at the address recorded with the Secretary of State; the date on which the notice was sent and the address to which the notice was sent.
- The Secretary of State did not notify me that my driver's license and/or vehicle registration would be suspended unless it received a notice from the Authority certifying that the fines or penalties owed the Authority had been received satisfied or that inclusion of my name on the certified report was in error.

FOR ANY REASON CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM. If additional space is needed, attach additional pages.

THE SECRETARY OF STATE CANNOT CONSIDER ANY ISSUES OTHER THAN THOSE LISTED ABOVE. IF THERE ARE OTHER ISSUES THAT YOU FEEL SHOULD BE CONSIDERED, THOSE ISSUES MUST BE RESOLVED BY YOU WITH THE AUTHORITY. NO REQUEST WILL BE CONSIDERED WITHOUT THE FEE ATTACHED.

A \$20 FILING FEE in the form of a check or money order made payable to Secretary of State must accompany this request.

Under penalties provided by law pursuant to **§1-109 of the Illinois Code of Civil Procedure**, the undersigned certifies the statements in this Petition are true and correct.

 Petitioner's Signature _____
Date

Send this Petition along with the \$20 filing fee to either the Chicago or Springfield office listed above. You will be notified of the date, time and place for your hearing.