

**PETITION TO CONTEST A CDL DISQUALIFICATION
BASED UPON A REFUSAL, FAILURE TO COMPLETE OR
FAILURE TO PASS A CHEMICAL TEST(S) ALLEGEDLY
WHILE OPERATING A COMMERCIAL MOTOR VEHICLE**



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

www.cyberdrivellinois.com

Petitioner's Name	Commercial Driver's License Number
Street Address	Out-of-Service Order and Sworn Report Document Number
City/State/ZIP	Telephone Number

I hereby petition the Secretary of State for a hearing to remove the disqualification from my driving record for the following reasons (check appropriate box(es)):

- I was not driving a commercial motor vehicle at the time in question.
- After making the initial stop, the law enforcement officer did not have probable cause to believe I was driving a commercial vehicle while having alcohol or any amount of drug, substance or compound in my system as described in Section 6-516 of the Illinois Vehicle Code (IVC).
- I was not warned by the officer involved of the ensuing consequences prior to being asked to submit to any type of chemical testing as provided by Section 6-517 of the IVC.
- I did submit to the requested test(s), but the test sample did not indicate a blood-alcohol concentration of .04 percent or more and/or any amount of a drug, substance or compound as set forth in Section 6-516 of the IVC.

IF IT IS ALLEGED YOU REFUSED OR FAILED TO COMPLETE A CHEMICAL TEST, THE FOLLOWING ISSUE MAY ALSO BE RAISED:

- I did not refuse to submit to or fail to complete the required chemical test(s) pursuant to Section 6-516 of the Illinois Vehicle Code upon request of the officer involved.

FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM. NOTE: THE HEARING WILL BE LIMITED ONLY TO THE ISSUE(S) YOU HAVE CHECKED ABOVE. (For more space, attach additional pages.)

Under penalties provided by law pursuant to **Section 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

NOTE: This Petition must by law 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, or by credit/debit card by completing the appropriate form. **CASH IS NOT ACCEPTED.** If a request is received without the fee attached, it will be returned and no hearing will be scheduled. This fee is **NON-REFUNDABLE** once a hearing is scheduled in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

Have you sent a Petition to Remove the Out-of-Service Order relating to this matter? Yes No

Send this Petition and fee to the Secretary of State, Department of Administrative Hearings, at one of the following hearing location: 17 N. State St., Ste. 1200, Chicago, IL 60602; 212 Howlett Building, Springfield, IL 62756; 54 N. Ottawa St., Joliet, IL 60432; or 218 S. 12th St., Mt. Vernon, IL 62864.

HEARING FILING FEE

By law, any request for a 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/debit card by completing the form below. **CASH IS NOT ACCEPTED**. If a 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 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/debit card must have a valid expiration date and a good credit standing. A service fee of \$1.18 is added to the total for credit/debit charges. (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"/>  <input type="checkbox"/> 
Cardholder's Credit/Debit Card Number	Expiration Date
Cardholder's Mailing Address	City State ZIP

I hereby authorize the Office of the Secretary of State to charge my credit/debit card account for payment to be rendered plus the service fee.

Cardholder's Signature

Date

Petitioner's Signature

Date