

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 _____

