

# PETITION TO CONTEST A CDL DISQUALIFICATION BASED UPON A REFUSAL, FAILURE TO COMPLETE OR FAILURE TO PASS A CHEMICAL TEST(S)



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	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 made payable to the Secretary of State, or by credit 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 to the Secretary of State to either the Chicago or Springfield office listed above.