

# HEARING REQUEST TO CONTEST DELINQUENT CHILD SUPPORT PAYMENT SUSPENSION — ILLINOIS DEPARTMENT OF HEALTHCARE & FAMILY SERVICES (IDHFS) CERTIFICATION



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

ilsos.gov

Petitioner's Name (Please Print)	Driver's License Number
Street Address	City, State, ZIP
Telephone Number (      )	

I hereby request a hearing pursuant to Section 7-706 of the Illinois Vehicle Code (625 ILCS 5/7-706) to petition the Secretary of State to remove the above suspension from my driving record for the following reasons (check appropriate boxes):

- I am not the person who owes a duty to make payments under the Administrative Order of Support.
- The IDHFS Certification does not indicate that I am 90 days or more delinquent in payment of support under an order of support issued by a court or administrative body of this or any other state.
- A superseding notification from the IDHFS informed the Secretary of State that I have:
  - Paid the support delinquency in full, or
  - Arranged for payment of the delinquency and current support obligation to the satisfaction of the IDHFS.

**For any boxes checked, please provide the facts to support the statement on the reverse side of this form and attach a copy of any order, certification or notification relevant to that issue (attach additional pages if needed).**

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

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

**NOTE: You cannot contest the amount of your child support debt at this hearing.** Your suspension is the result of an administrative action taken by the IDHFS. To contest the amount of the debt or that you owe a debt, you must contact IDHFS.

A hearing request must be accompanied by a **\$50 filing fee**. The fee must be submitted in the form of a check or money order payable to the Secretary of State. CASH IS NOT ACCEPTED. Please check below and mail this form, along with the filing fee, to the location where you would like a hearing. 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.

Send this petition to the location you prefer the hearing be held:

Chicago: Office of the Secretary of State  
Department of Administrative Hearings  
17 N. State St., Ste. 1200  
Chicago, IL 60602  
312-793-3722

Joliet: Office of the Secretary of State  
Department of Administrative Hearings  
54 N. Ottawa St.  
Joliet, IL 60432  
815-740-7171

Springfield: Office of the Secretary of State  
Department of Administrative Hearings  
501 S. Second St.  
Rm. 212 Howlett Bldg.  
Springfield, IL 62756  
217-782-7065

Mt. Vernon: Office of the Secretary of State  
Department of Administrative Hearings  
218 S. 12th St.  
Mt. Vernon, IL 62864  
618-242-8986

Please indicate preference:  a.m.  p.m.