

**PETITION TO CONTEST A SUSPENSION  
UNDER SECTION 5-16c(e) OF THE  
ILLINOIS BOAT REGISTRATION  
AND SAFETY ACT (IBRSA)**



**Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS**

**ilsos.gov**

Petitioner's Name	Driver's License Number
Street Address	City/State/ZIP
Phone (home <input type="checkbox"/> work <input type="checkbox"/>	

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.

**I hereby petition the Secretary of State for a hearing to remove the suspension from my driving record for the following reasons (select appropriate boxes):**

- I was not driving, nor in actual physical control of a motorboat within this state at the time of the accident in question.
- The motorboat accident in question did not result in death or personal injury, as defined in Section 5-16c(f) of the IBRSA. It did not require immediate professional attention in either a doctor's office or a medical facility.
- I was not issued a Uniform Citation for any violation of the IBRSA, or a similar provision of a local ordinance, with the exception of equipment violations in Article IV of the Act or similar provisions of local ordinances.
- I was not verbally warned by the officer involved of the ensuing consequences, as required by Section 5-16c(c) of the IBRSA.
- I did not refuse to submit to or fail to complete the required chemical test(s) pursuant to Section 5-16c(c) of the IBRSA upon request of the officer involved; **OR**
- I did submit to the requested test(s), but the test sample did not indicate an alcohol concentration of .08% or more and/or any amount of a drug, substance or compound as set forth in 5-16c(c) of the IBRSA.

**FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM. ATTACH ADDITIONAL PAGES IF NECESSARY. THE HEARING WILL BE LIMITED ONLY TO THE ISSUE(S) YOU HAVE CHECKED.**

Send this petition to the location where you prefer that the hearing be held, as listed below. The Secretary of State Administrative Hearings Department will attempt to accommodate your request, while also taking into consideration the location of the accident and the arresting officer.

The four hearing locations:

- Chicago: Office of the Secretary of State  
Administrative Hearings Department  
17 N. State St., Ste. 1200, 60602  
312-793-3722
- Springfield: Office of the Secretary of State  
Administrative Hearings Department  
Rm. 212 Howlett Building, 62756  
217-782-7065
- Joliet: Office of the Secretary of State  
Administrative Hearings Department  
54 N. Ottawa St., 4th Fl., 60432  
815-740-7171
- Mount Vernon: Office of the Secretary of State  
Administrative Hearings Department  
218 S. 12th St., 62864  
618-242-8986

Please indicate preference:  a.m.  p.m. Number of miles from home to hearing location: \_\_\_\_\_  
Requests are scheduled based on availability. Your preference is not guaranteed.

By providing the Secretary of State with an email address, the petitioner hereby agrees to receive notification of the time, date and location of his or her hearing and/or final decision of the Secretary of State's office by electronic transmission.

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

\_\_\_\_\_  
Email Address - (Please print)