

**PETITION TO CONTEST THE  
CANCELLATION, SUSPENSION OR  
DENIAL OF A SCHOOL BUS PERMIT**



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

**ilsos.gov**

I hereby request a hearing. I am contesting the action of the Secretary of State in cancelling, suspending or denying the School Bus Permit for the following reasons:

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.

**PLEASE SUPPLY SUPPORTING DOCUMENTS AND/OR A COPY OF THE LETTER RECEIVED FROM THE SECRETARY OF STATE'S OFFICE. INCOMPLETE DOCUMENTATION WILL BE RETURNED AND NOT SCHEDULED.**

Name		Driver's License Number	
Address			City
State	County		ZIP Code
Telephone (Home) (    )		(Work) (    )	(Cell) (    )
Date of Birth		Email	

Please check below and mail this form to the location where you would like a hearing:

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. 200 Howlett Building, 62756  
217-785-8237

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.

**ATTORNEY INFORMATION (if applicable)**

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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 by electronic transmission.

**NOTE: Because your internet service provider or email program may use a type of spam filter, it is suggested that you add our email address ([ahsupportservices@ilsos.gov](mailto:ahsupportservices@ilsos.gov)) to your trusted list of senders, contacts and/or address book. Please check your email inbox and/or other folder/spam folders periodically.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email