

# PETITION TO CONTEST A "ZERO TOLERANCE" SUSPENSION



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

www.cyberdriveillinois.com

\_\_\_\_\_  
Petitioner's Name

\_\_\_\_\_  
Petitioner's Driver's License Number.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Sworn Report Document Number.

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Telephone Number and: (specify home \_\_\_\_ or work \_\_\_\_ )

I hereby petition the Secretary of State to remove the "zero tolerance" suspension from my driving record for the following reasons (check the appropriate box(es)):

- The law enforcement officer did not have probable cause to believe that I was driving or in actual physical control of a motor vehicle at the time in question.
- The law enforcement officer did not have reason to believe that I was in violation of any provision of the Illinois Vehicle Code or a similar provision of a local ordinance.
- I was not issued a citation or arrested for a violation of any provision of the Illinois Vehicle Code or a similar provision of a local ordinance.
- The law enforcement officer did not have probable cause to believe that I had consumed any amount of alcohol.
- I was not verbally warned by the law enforcement officer of the ensuing consequences prior to being asked to submit to any type of chemical testing to determine my alcohol concentration, as provided in Sections 6-208.2 and 1-501.8 of the Illinois Vehicle Code.
- I did submit to the requested test(s), but the test sample from my blood concentration did not indicate a blood-alcohol level of more than 0.00.

## **IF IT IS ALLEGED YOU REFUSED OR FAILED TO COMPLETE A CHEMICAL TEST, THE FOLLOWING ISSUE ALSO MAY BE RAISED.**

- I did not refuse to submit to or fail to complete the required chemical tests pursuant to Section 11-501.8 of the Illinois Vehicle Code upon the request of the law enforcement officer.
- I hereby claim an exception to the "zero tolerance" law pursuant to Section 11-501.8 of the Illinois Vehicle Code. Please specify:
  - I had consumed alcohol in the performance of a religious service or ceremony; **OR**
  - I had ingested a prescribed or recommended dosage of medicine that contained alcohol.

## **FOR ANY BOX CHECKED, PLEASE PROVIDE FACTS TO SUPPORT THE STATEMENT ON ADDITIONAL PAGES.**

Under penalties provided by law pursuant to Section 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: THE HEARING WILL BE LIMITED ONLY TO THE ISSUE(S) YOU HAVE MARKED IN THE BOXES ON PREVIOUS PAGE.**

**PLEASE NOTE:** This Petition must be accompanied by a **\$50 FILLING FEE**. The fee may be submitted in the form of a check, money order, or by credit card by completing the appropriate form. Payment shall be made payable to the Secretary of State. **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 the hearing is scheduled. This is in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

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 taking into consideration the location of the accident and the arresting officer.

Chicago                      17 N. State Street, Ste 1200  
Chicago, IL 60602  
312-793-3722

Joliet                            54 N. Ottawa St, 4th Fl.  
Joliet, IL 60432  
815-740-7171

Mount Vernon                218 S. 12th St.  
Mt. Vernon, IL 62864  
618-242-8986

Springfield                    212 Howlett Building  
Springfield, IL 62756  
217-524-0124

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

The attorney for the petitioner may enter his/her appearance by providing his/her name, office address, telephone number and ARDC registration number below.

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Signature