

# PETITION FOR A RESTRICTED DRIVING PERMIT OR REINSTATEMENT OF DRIVING PRIVILEGES



Office of the Secretary of State  
DEPARTMENT OF ADMINISTRATIVE HEARINGS

www.cyberdriveillinois.com

Please check all types of relief you are seeking:

- Reinstatement
- Restricted Driving Permit
  - Employment
  - Education
  - Medical
  - Support Group Meetings
  - Family Education
  - Day Care

Petitioner's Name (Last, First, Middle)		Driver's License Number	
Street Address Bldg./Apt.#/Ste.#		City, ZIP Code	County
Sex: M F	Date of Birth / /	Social Security Number	Daytime Telephone Number ( )

For each permit requested, please provide the following information.

### 1. Employment Restricted Driving Permit:

Employed by: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

### Additional Employment:

Employed by: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

### 2. Medical Restricted Driving Permit (for regularly scheduled medical appointments):

Physician/Hospital/Other: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Medical Needs: \_\_\_\_\_

**3. Educational Restricted Driving Permit** (to drive yourself to and from classes):

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

If your school address is not the same as your legal address, provide the following information:

Physical Address: \_\_\_\_\_  
Street Bldg./Apt.#/Suite# City State ZIP

**4. Support Group Permit:**

To attend:  AA  NA/CA  Church

**5. Family Education Permit** (to drive household family members to/from school):

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Names, ages and addresses of children you are responsible for driving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Day Care Permit** (to drive children living in your household to/from day care):

Day Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Names, ages and addresses of children you are responsible for driving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Under penalties of perjury, I certify that the statements set forth in this document are true and correct.**

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Hearing Officer

\_\_\_\_\_  
Date