

# HEARING REQUEST TO CONTEST DELINQUENT CHILD SUPPORT PAYMENT SUSPENSION — COURT ORDER



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

www.cyberdriveillinois.com

Petitioner's Name	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 Court Order of Support.
- The authenticated document of a Court Order of Support does not indicate:
  - I am 90 days or more delinquent, or that I have been adjudicated in arrears in an amount equal to 90 days of obligation or more.
  - I am in contempt of court for failure to pay child support.
- A superseding authenticated document of any Court Order of Support has been entered.

**For any boxes checked, please provide the facts to support the statement on the reverse side of this form and attach a copy of the court order or authenticated document from the court (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 a court order. To contest the amount of the debt or that you owe a debt, you must contact the court that entered the order.

**FILING FEE:** Any request for a formal hearing must be accompanied by a **\$50 filing fee** in the form of a check or money order, or by credit/debit card by completing the appropriate form, payable to Secretary of State. **CASH IS NOT ACCEPTED.** If a request is received without the fee, the request will be returned and no hearing will be scheduled. The fee is **non-refundable** once the hearing is scheduled, in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code §1007.70.

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.

## HEARING FILING FEE

By law, any request for a Hearing must be accompanied by a **\$50 filing fee**. The fee may be submitted in the form of a check or money order payable to Secretary of State. Payment also may be made by credit/debit card by completing the form below. **CASH IS NOT ACCEPTED**. 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.

### CREDIT OR DEBIT CARD PAYMENT FORM

To use a Visa, Novus/Discover, American Express or MasterCard as a method of payment for the Hearing filing fee, please complete the information below. **If paying by check, money order or attorney's check, do not complete this form.**

The credit/debit card must have a valid expiration date and a good credit standing. A service fee of \$1.18 is added to the total for credit/debit charges. (This fee is charged by the bank. **NO** portion is retained by the Secretary of State.)

Credit

Debit

Petitioner's Name	Driver's License Number
Street Address	City, State, ZIP Code
Daytime Telephone Number (      )	Please check the appropriate card
Cardholder's Name (as it appears on card)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
Cardholder's Credit/Debit Card Number	Expiration Date
Cardholder's Mailing Address	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>ZIP</span> </div>

I hereby authorize the Office of the Secretary of State to charge my credit/debit card account for payment to be rendered plus the service fee.

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Petitioner's Signature

\_\_\_\_\_

Date