IN THE STATE OF ILLINOIS
Illinois Tollway

Illinois Tollway,

Petitioner ,

v.

Respondent(s)

Case Number:

Notice Number:

License Plate Number:

## HEARING OFFICER'S FINAL ORDER

This matter coming for Hearing pursuant to Section 10/10(a-5) of the Toll Highway Act, due and proper notice has been given to the parties and Hearing Officer duly advised in the premises, having considered the admitted evidence and testimony, hereby finds by a preponderance of the evidence as follows:

1. As to the charge of toll evasion in violation Section 10/27 of the Toll Highway Act and Section 2520.269(e) of the Illinois Administrative Code, Title 92, Chapter IV, Subpart B, the Hearing Officer finds the respondent(s):

a) **Liable** on violation(s) and the corresponding tolls and fines as reflected in the record.
b) **Not Liable** on violation(s) and the corresponding tolls and fines as reflected in the record.
c) **Withdrawn & V-Tolled** on violation(s) and the corresponding tolls and associated fines dismissed as reflected in the record.
d) **Withdrawn Paid in Full** on violation(s) and the corresponding tolls and fines as reflected in the record.

2. Failure of the respondent(s) to pay the JUDGMENT TOTAL within fourteen (14) days of the date of this Order shall result in an additional fine of Fifty Dollars ($50.00) per liable violation being entered against the respondent(s) and incorporated into this Order by operation of law.

**JUDGMENT TOTAL:** _____ **DUE DATE:** _____

_____ _____ _____
**Hearing Officer** **#** **Date**

**Failure to satisfy any fine or penalty resulting from a Final Order(s) for 5 or more violations shall result in the Tollway petitioning The Secretary of State for suspension of your vehicle registration and/or driver's license and possible forwarding of this matter to a private agency or law firm for collection action.**

**Either side may appeal this final administrative order to the 18th Judicial (DuPage County) Circuit Court of Illinois under the Illinois Administrative Review Law within thirty-five (35) days of the issuance date of this order.**

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**Return Coupon with your Payment To: Illinois Tollway, P.O. Box 5201, Lisle, IL 60532-5201**
**DO NOT SEND CASH OR PERSONAL CHECKS**

Respondent(s):

Case Number:
Notice number:
Issue Date:

Due Date:
Amount Due: $
Amount Due After $

Make Cashiers Check or Money Order Payable to: The Illinois Tollway

Payment Amount: _____

____ Amex ____ Visa ____ MasterCard ____ Discover

Plate #:

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address of Card if different than address on notice: _____