

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
FIRST MUNICIPAL DISTRICT**

<p>_____ Plaintiff(s)</p> <p style="text-align: center;">v.</p> <p>City of Chicago Department of Administrative Hearings and City of Chicago Department of _____, and (Insert name of issuing department)</p> <p>_____, and (Insert names of other parties)</p> <p style="text-align: right;">Defendant(s)</p>	<p>Case No. _____</p> <hr/> <p style="text-align: center;">Administrative Agency Docket Number</p> <hr/> <p style="text-align: center;">Property Address, if applicable</p> <p>Court Room: 1109</p>
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COMPLAINT FOR ILLINOIS ADMINISTRATIVE REVIEW

The Plaintiff(s), _____
pursuant to 735 ILCS 5/3-101 et seq., complains to Defendant(s), the City of Chicago Department
of Administrative Hearings, _____
and _____ as follows:

1. The Plaintiff(s) reside(s) at _____.
2. On _____ a final administrative decision affecting the rights of the Plaintiff(s)
("Decision") was issued by the City of Chicago Department of Administrative Hearings.
3. The Plaintiff(s) desire(s) a judicial review of the Decision, *a copy of which is attached as Exhibit 1*,
because it is not in accordance with the law.
4. The City of Chicago Department of Administrative Hearings is requested to file an answer
consisting of the administrative record of the proceeding resulting in the Decision.
5. The Plaintiff(s) has/have exhausted all available remedies under the Administrative Review Law
and has no further plain, speedy, adequate remedy under the law.

WHEREFORE, the Plaintiff(s) request(s) that the record be judicially reviewed.

Name: _____
Plaintiff(s) Signature

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____ License Plate No: _____