

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION**

_____	Plaintiff(s)	Case No. _____
v.		
_____ and		_____
(Insert name of issuing department)		Administrative Agency Docket Number
_____, and		
(Insert name of issuing department)		_____
_____		Property Address, if applicable
(Insert names of additional parties)	Defendant(s)	

COMPLAINT FOR ILLINOIS ADMINISTRATIVE REVIEW

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

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 _____ Department
of 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 _____ Department of 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.

(Please print)

Name: _____ /s/ _____
Plaintiff(s) Signature

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____