



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

DONALD W. SEASOCK
Acting Director
Division of Professional Regulation

PETITION FOR RESTORATION PROCEDURES

Dear Petitioner:

In response to your recent request for the restoration of your license, attached is a Petition form that must be followed in accordance with the Rules of Practice in Administrative Hearings.

Specifically, Section in 1110.30 requires that you submit a written Petition for Restoration, which should include the information as set forth in the above referenced section. A Petition form has been provided which must be completed, signed and notarized.

Please forward the completed Petition for Restoration and any other correspondence to:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Clerk of the Court
James R. Thompson Center
100 West Randolph Street, Suite 9-300
Chicago, IL. 60601

As Petitioner, you have the burden to prove by a preponderance of the evidence that you have been rehabilitated and your license should be restored. Each Petitioner has the right to retain counsel to represent him/her in this matter, and, in the opinion of the Department, it is advisable to be represented by a counsel.

A copy of the Rules of Practice in Administrative Hearings has also been included for your convenience. Once the Petition is received, you will be scheduled for a hearing at the earliest available date and notified accordingly.

Attachments: Petition for Restoration Form
Rules of Practice in Administrative Hearings

IN RE:

THE PETITION FOR RESTORATION OF:

(Name of Petitioner)

(License Number)

)
)
)
)
)
)
) DPR Case No. _____
)
)

Please provide the full name, current address and telephone number of Petitioner.

Please provide the date your discipline Order was signed _____

Please provide information whether probationary terms, which may have been imposed, have been complied with.

Did you appeal the above Order in Circuit Court?

____ Yes (If yes, please attach copy of final court disposition)
____ No

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Petitioner's Name _____
DPR Case No _____

Please provide all dates and types of employment held since the discipline was imposed
(attach additional sheet if necessary)

Please provide all continuing or remedial education completed since the discipline was
ordered (attach additional sheet if necessary)

If the Petitioner has sought medical treatment, psychotherapy or counseling-since the
discipline-was ordered, and if rehabilitation is relied upon as a basis for petitioning that
the license be restored, provide the name and address of the treating professional, and
whether Petitioner consents to disclosure by the professional of matters which are
relevant to whether the Petitioner is fit to resume practice.

Please provide any other information evidencing rehabilitation, which would bear upon
the request for relief or restoration of a license.

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Petitioner's Name _____
DPR Case No _____

Please provide information regarding any arrests or convictions since the discipline was ordered:

Please provide a statement regarding the future plans of the Petitioner:

Please provide information regarding the date and disposition of any other petitions for restoration filed since the discipline was ordered:

Was or should restitution to the – injured party be made by Petitioner?

Dated: _____

(Petitioner's Name)
(Signature must be notarized)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS ____ DAY OF _____, 20____

SEAL

NOTARY PUBLIC