

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

_____ MUNICIPAL DISTRICT, CIVIL DIVISION

<p>_____</p> <p style="text-align: right;">Plaintiff</p> <p style="text-align: center;">v.</p> <p>CITY OF CHICAGO Department of Administrative Hearings, and CITY OF CHICAGO, Department of</p> <p>_____</p> <p style="text-align: right;">Defendant(s)</p>	<p>Case No. _____ (Will be assigned by Court Clerk)</p> <p>Re: _____</p>
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PRO SE COMPLAINT FOR ILLINOIS ADMINISTRATIVE REVIEW

1. Plaintiff, _____ pursuant to 735 ILCS 5/3-101 et al., complaints of the Village/City of Department of Administrative Hearings and the City of _____ Department of _____ as follows:
 - a. Plaintiff resides at _____;
 - b. A final administrative decision was rendered on _____ by the Village/City of _____ Department of Hearings, affecting the rights of the Plaintiff;
 - c. Plaintiff desires review of case Docket Number _____, because this decision is not in accordance with the law. *A copy of the decision is attached*; Final Determination
 - d. The Plaintiff has exhausted all available administrative remedies under the Act and has no further plain, speedy, adequate remedy in the ordinary course of law.

WHEREFORE, the Plaintiff prays that said record be judicially reviewed.

(Please print)

Plaintiff *Pro Se*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

READ THE FOLLOWING VERY CAREFULLY:

- This appeal procedure is available only to review a Hearing Officer's Determination, not a Default.
- This Complaint must be filed within 35 days after the date of the Hearing Officer's Determination.
- A copy of the Hearing Officer's Determination **must be attached to this Complaint.**
- **Failure to comply with these instructions will result in the dismissal of this Complaint.**