

COMPLAINT FOR ADMINISTRATIVE REVIEW

_____, Plaintiff herein, by _____, one of plaintiff's attorneys, hereby complains of Defendant(s), _____, as follows:

1. Plaintiff _____ is a resident of _____ County, Illinois.
2. Defendant _____ [first defendant. Often an agency head] at all times relevant to the matters set forth herein was [TITLE].
3. Defendant [AGENCY] at all times relevant to the matters set forth herein was [DESCRIBE AGENCY OR TRIBUNAL].
4. Plaintiff received an initial decision [OPTIONAL FOR USE WHEN THERE ARE MULTIPLE LEVELS OF ADMINISTRATIVE HEARING AND IS USED TO PROVE EXHAUSTION – describe if applicable]
5. Plaintiff (MADE A TIMELY REQUEST FOR HEARING OR FILED A TIMELY APPEAL) to the [DEFENDANT AGENCY] [THIS IS OPTIONAL LANGUAGE TO ADDRESS DECISIONS THAT ARE MADE THAT BECOME FINAL UNLESS APPEALED OR UNLESS A HEARING IS REQUESTED.]
6. On _____, the Defendant _____ issued a decision, a true and correct copy of which is attached hereto as Exhibit A.
7. The order shown in Exhibit A constitutes a final administrative decision of the Defendant [AGENCY OR TRIBUNAL].
8. This Complaint for Administrative Review is timely in that it is filed within ____ days after service of the final administrative decision in accordance

with [cite either Administrative Review Law or other statutory authority for the timeliness of the Complaint.]

9. The decision of the AGENCY must be reversed for one or more of the following reasons:

- a. it is contrary to law;
- b. it is an abuse of discretion;
- c. the decision is against the manifest weight of the evidence.
- d. [ADD OR DELETE REASONS THAT APPLY]

10. Defendant maintained a record of the entire proceedings in this cause which should be filed with this court for review.

11. Plaintiff is indigent, [IF APPLICABLE AND EXPLAIN] As a consequence, Plaintiff is unable to pay for the preparation of the record in this cause and therefore request that such requirement be waived.

For one or more of the foregoing reasons, the Plaintiff respectfully prays that this court will review the decision of the Defendant [AGENCY OR TRIBUNAL], that the final administrative decision be reversed, and for such other relief as this court deems just.

_____, Plaintiff,

Attorney for Plaintiff

COUNTY OF SANGAMON)
) SS
STATE OF ILLINOIS)

AFFIDAVIT

The undersigned, counsel for the plaintiff in this cause, and being first duly sworn on oath, states and deposes that the last known addresses of each defendant upon whom service shall be made in this cause is set forth below. This Affidavit is made in compliance with Section 3-105 of the Administrative Review Law (735 ILCS 5/3-105).

Name	Address
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Further affiant sayeth not.

Attorney for plaintiff

Subscribed and sworn to before me
this ____ day of _____, _____.

Notary Public

PLAINTIFF REQUESTS THE CLERK TO ISSUE SUMMONS IN THIS CAUSE