

## INSTRUCTION SHEET FOR SUBMITTING A REVIEW OF CITATION

- When completing the Review of Citation form, please print and write legibly
- The Review of Citation is a request for a review of a local ordinance citation including citations with a fine of \$5, \$25, or \$250 citations for Expired Meter or Handicapped Parking violations.

**\$35 tickets (No Seatbelt, Expired Registration, No Front Plate, etc.) may only be appealed in court because it is governed by the Illinois Vehicle Code. You may not submit this form for a \$35 citation, but instead must come to the police department and request a court hearing.**

- Once the form is completed, be sure to attach a copy of the citation
- You can submit the Review of Citation form by mail, addressed to:  
Hinsdale Police Department  
121 Symonds Dr  
Hinsdale, IL 60521
- You can drop the form off at the police station. Lobby hours: Monday-Friday 8:30am – 11pm, Saturday 8am-2pm, closed Sunday
- Completed forms, including a copy of the ticket, may also be faxed to (630) 789-6278
- Please allow 14 days for the response to be mailed back (may be longer if you mail the request to us)



# HINSDALE POLICE DEPARTMENT REQUEST FOR REVIEW OF CITATION

This is a request for review of a local ordinance citation and does not mean that the citation will be voided or not processed in the event my request is denied. I have indicated below the circumstances which I feel should be brought to the attention of the officer and I am requesting that my citation be voided based on those circumstances.

RETAIN THE ORIGINAL CITATION DURING THE REVIEW PROCESS.  
INCOMPLETE FORMS WILL BE RETURNED.

**PLEASE PRINT PLEASE PRINT PLEASE PRINT**

<u>COMPLAINANT INFORMATION</u>	<u>CITATION DATA</u>
Name: _____	Citation #: _____
Address: _____	License Plate #: _____ State: _____
City, ST ZIP: _____	Violation: _____
Telephone #: _____	Officer Star #: _____
_____ DRIVER      _____ OWNER	Issue Date: _____

Explain why you are **NOT GUILTY** of this offense:

(NOTE: Unless special circumstances are present, review is decided based on guilt.)

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Use reverse side if additional space is needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*A response will be mailed via US MAIL to the above name/address within 14 days.*

