



DUI SERVICE PROVIDER ORIENTATION

DAY 3: SECRETARY OF STATE SUPPLEMENTAL FILES



HEARING OFFICER CONSULTATION LIST



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Rm. 212, Howlett Building
Springfield, IL 62756
www.cyberdriveillinois.com

YOU ARE ELIGIBLE TO APPLY FOR DRIVING RELIEF AT:

- Informal Hearing** — Conducted on a walk-in basis only.
- Formal Hearing** — Must submit a written request and \$50 filing fee at the desired hearing location to be scheduled.

YOU WILL BE ELIGIBLE TO APPLY FOR:

- Restricted Driving Permit (RDP) currently eligible on or after _____ date

An RDP may be for: Employment, Medical, Educational, Support Group Attendance, Daycare, Family Education or Community Service purposes. You must establish an undue hardship when applicable.

- Reinstatement on or after _____ date. This is the earliest a hearing for full reinstatement of your driving privileges may be conducted.

BE ADVISED THAT:

- No tickets can be pending at the time of any hearing.** (Unless the pending citation(s) is also the only cause of the current loss of driving privileges.)
- If you have been diagnosed with any of the following medical conditions, you must submit a current completed medical report:
1) cardiovascular disease; 2) dizzy or fainting spells; 3) seizure disorder; 4) diabetes; 5) musculoskeletal condition; 6) mental disorder (i.e. bipolar, schizophrenia, clinical depression).

PRIOR TO A HEARING YOU MUST OBTAIN DOCUMENTATION OF COMPLIANCE WITH THE FOLLOWING:

- Submit an Alcohol/Drug Uniform Report completed subsequent to your most recent DUI arrest and conducted by a DASA licensed agency.** The most recent evaluation must be completed within six months of the hearing date and must include a RECITATION OF YOUR COMPLETE ALCOHOL/DRUG USE HISTORY, FROM FIRST USE TO PRESENT USE. If the uniform report is older than six months at the time of the hearing, you must submit the original uniform report, along with the originals of all subsequent alcohol/drug evaluation report updates, the most recent being within six months of the hearing. **Only an agency that conducted an Alcohol/Drug Evaluation Uniform Report or the primary treatment provider may prepare an alcohol/drug report update.**

The Alcohol/Drug Evaluation Uniform Report completed by your evaluator will place you in a classification. The classification will determine what additional requirements, except continuing care, must be met before the hearing and properly documented. Refer to the Hearing Requirements handout.

Documentation of abstinence, non-problematic use, and support group involvement must be **original letters, signed and dated within 45 days of the hearing.** Refer to the Hearing Requirements handout. **Please maintain copies of all documentation for your records.**

Following your hearing your file will be sent through a review process and a decision will be mailed to you:

If an RDP is approved:

- If driver's license is revoked, provide proof of financial responsibility insurance (SR22).
- Provide current verification of Employment, Medical, Educational, Support Group Attendance, Daycare, Family Education, Community Service.
- Pay \$8 for each type of permit approved by check, money order or credit card.
- Comply with all BAIID requirements.
- Complete a written, driving and vision exam, if applicable.
- Additional comments: _____

If reinstatement is approved:

- Provide proof of financial responsibility insurance (SR22).
- Pay required reinstatement fees.
- Comply with all BAIID requirements.
- Additional Comments: _____
- Once all requirements are met, you will be sent an authorization to take to your local Driver Services facility.

If denied driving relief:

- Following an informal hearing, there is a minimum of **30 days** before another hearing can be conducted.
- Following a formal hearing, there is a minimum **three months** before another hearing can be conducted.

Hearing Officer _____ Phone _____ Date _____

ALCOHOL/DRUG-RELATED DRIVING, BOATING AND SNOWMOBILING OFFENSES

Petitioner's Name: _____
Effective Date of Suspension: _____
Effective Date of Current Revocation: _____

Driver's License #: _____
Termination Date of Suspension: _____
Projected Eligibility Date: _____

	Date of Arrest	Effective Date of Suspension/Disposition
Statutory Summary Suspension/ or Revocation (TA 17, 01)	_____	_____
	_____	_____
	_____	_____
DUI (11-501 and alcohol/drug- related 9-03 convictions)	_____	_____
	_____	_____
	_____	_____
DUI Court Supervision (6-117e, 55-11, 55-01)	_____	_____
	_____	_____
DUI Reduced to Reckless Driving (11-503)	_____	_____
	_____	_____
Illegal Transportation of Open Alcohol (11-502)	_____	_____
	_____	_____
Implied Consent Suspensions (03-11.501) (6-206(a)17)	_____	_____
	_____	_____
CT Order Do Not Suspend Breath test refusal (55-12, 13-08)	_____	_____
	_____	_____
Miscellaneous Alcohol-Related Offenses (ZT, 6-20, 6-16, 6-206(a)31 Rescind of SSS (indicate date rescinded), 6-205(a)3 and 6-206(a)28 if drug-related, Boating and Snowmobiling)	_____	_____
	_____	_____
Alcohol/Drug-Related Accidents: Date/Type (14-Property damage, 19-Personal injury 16-Fatality)	_____	_____
	_____	_____

Out-of-state alcohol/drug-related arrests(s) reported by petitioner that are not reflected on the petitioner's Illinois Driving Record: (List state of arrest, type of offense, date of arrest, final disposition, state license petitioner possessed at time of arrest(s)/offense.)

Hearing Officer's/Other Comments: _____



HEARING REQUIREMENTS

The rules of the Secretary of State Department of Administrative Hearings require that certain documentation be presented at the time of a hearing to be considered for driving relief (Restricted Driving Permit (RDP) and/or Reinstatement). **These documents are required regardless of when the DUI(s) occurred.**

This form may be used as a guide to help you prepare for your upcoming hearing. It is important to be fully prepared for your hearing, as a continuance will not be granted if you do not have the proper documentation. **Also note that you must have NO TRAFFIC TICKETS pending at the time of your hearing,** unless the pending ticket also is the only cause of the current loss of driving privileges.

GENERAL DOCUMENTATION REQUIREMENTS

You must submit an **Alcohol/Drug Evaluation Uniform Report**, completed subsequent to your most recent DUI arrest by an agency licensed by the Division of Alcoholism and Substance Abuse (DASA). **THIS REPORT MUST INCLUDE A RECITATION OF YOUR COMPLETE ALCOHOL/DRUG USE HISTORY, FROM FIRST USE TO PRESENT USE.** If your Uniform Report evaluation or the last updated evaluation is more than six months old at the time of your hearing, you also must submit a current updated evaluation. An updated evaluation must be completed by the agency that completed your Alcohol/Drug Evaluation Uniform Report or by the agency that completed your treatment. An updated evaluation cannot be completed by the agency that completed the moderate (early intervention) counseling. A treatment provider may not conduct an update evaluation if it waives treatment, unless the provider verifies in writing that the petitioner's case file has been transferred.

The petitioner must provide a Treatment Needs Assessment whenever another Uniform Report is composed, regardless of whether the petitioner successfully completed intervention or treatment after the previous Uniform Report. The Treatment Needs Assessment shall be composed on the treatment provider's letterhead stationery. The Assessment must be signed and dated by the counselor responsible for the assessment or incorporated into the "Treatment Verification" form.

The uniform report will place you at a specific classification level. Depending on the classification level, you must comply with additional requirements as explained below. Completion of the DUI Risk Education Course must occur after the last DUI arrest date. **The requirement of the Risk Education Course cannot be waived, unless for some reason you completed inpatient treatment or 75 hours of treatment for chemical dependency.**

PLEASE REFER TO YOUR CLASSIFICATION LEVEL BELOW FOR COMPLETE REQUIREMENTS.

Minimal Risk

- Must document successful completion of a DUI Risk Education Course.

Moderate Risk

- Must document successful completion of a DUI Risk Education Course.
- Must document successful completion of an Early Intervention Program on the providing agency's letterhead indicating the number of hours completed, dates of involvement, a summary of what was explored/addressed and the outcome of your involvement.
- Must document successful completion of any other substance abuse treatment recommended by a licensed evaluator or treatment provider.



Significant Risk

- Must document successful completion of a DUI Risk Education Course.
 - Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of the **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
 - If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
-

High Risk - Dependent

- Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
 - If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
 - Must document complete abstinence from the use of all alcoholic beverages and controlled substances (drugs) by submitting at least three original letters, signed and dated within 45 days prior to your hearing, from individuals (friends, family, etc.) who can verify your abstinence from alcohol/drugs for at least 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
 - Must document the establishment of a support/recovery program (Alcoholics Anonymous, church, etc.) by submitting: (Witness testimony is acceptable instead of letters.)
 - At least three original letters, signed and dated within 45 days prior to your hearing, from fellow members/participants, verifying your active involvement in your support program.
 - If you have a support recovery program sponsor, must submit an original letter from your sponsor documenting your active involvement in your support program, signed and dated within 45 days prior to your hearing.
-

High Risk — Non-Dependent

- Must document on an original Secretary of State Treatment Verification form, successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
- If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
- Must submit at least three original letters, signed and dated within 45 days prior to the hearing, from individuals (friends, family, etc.) who can verify either your alcohol/drug use pattern or abstinence for at least the last 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
- Must submit an additional report from the treatment provider explaining why dependency was ruled out and the cause of your behavior that resulted in three or more DUI dispositions. **This requirement cannot be waived.**

Any questions regarding these requirements should be directed to a hearing officer at a Secretary of State Driver Services facility, or call 217-782-7065. Information also is available at www.cyberdriveillinois.com.



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VERIFICATION OF HEARING DOCUMENTS



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

A DUI service provider should use this form to verify that a document(s) is a true and correct copy (identical reproduction) of the original, or to provide reasons why it is unable to provide the original of a document(s).

Client/Petitioner's Name

Illinois Driver's License Number

1. The following document(s) is a true and correct/identical copy of the original(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

Date of Document

- Alcohol/Drug Evaluation Uniform Report
- Addendum to Uniform Report
- DUI Risk Education Certificate of Completion
- Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
- Secretary of State Treatment Verification Form
- Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
- Other (specify): _____

2. The original of the following document(s) is no longer available for the following reason(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

Date of Document

- Alcohol/Drug Evaluation Uniform Report
- Addendum to Uniform Report
- DUI Risk Education Certificate of Completion
- Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
- Secretary of State Treatment Verification Form
- Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
- Other (specify): _____

Check Appropriate Reason:

- The document has been destroyed.
- The client informs this agency that he/she lost the original document.
- The agency that composed the document is no longer in operation and did not transfer its records to this agency when it ceased operation.
- Other (explain): _____

Service Provider's Name and Title (type or print)

Date

Service Provider's Signature

Accreditation/License Number

Terms and Definitions

Breath Alcohol Ignition Interlock Device (BAIID)

— A device installed on a vehicle that tests a driver's breath and prevents the vehicle from starting if alcohol is detected. A first-time DUI offender is required to drive with a BAIID if issued a Monitoring Device Driving Permit (MDDP) during his/her statutory summary suspension.

A person issued a Restricted Driving Permit (RDP) who has received in separate occurrences: 1) two or more DUI or reckless homicide convictions, or any combination thereof; or 2) one DUI or reckless homicide conviction and one statutory summary suspension; or 3) a single DUI conviction that resulted in a fatality or great bodily harm to another; or 4) was convicted of driving while revoked due to reckless homicide, is only allowed to drive a vehicle equipped with a BAIID. An exception is allowed for a vehicle owned by the person's employer and used for employment purposes only. A person who has two or more DUI convictions is also required to install a BAIID for five consecutive years (1826 consecutive days) on all vehicles owned, co-owned, leased and operated as a condition of an RDP issuance.

DUI disposition — A conviction or supervision, an implied consent or a statutory summary suspension for driving under the influence, or a conviction for reckless driving reduced from DUI, or reckless homicide or fatal accident if alcohol/drugs were shown to be a factor, occurring in any state.

Consultation — First step in applying for reinstatement of driving privileges or an RDP after suspension or revocation. Takes place with an informal hearing officer, who reviews the applicant's driving record and explains the documents required to apply for reinstatement of driving privileges or an RDP.

Denial — Denial of any request for reinstatement or an RDP.

Eligibility date — Date a driver may be considered for reinstatement following revocation or extension order. If "proj. elig." indicates N/A, the driver is ineligible for reinstatement of driving privileges.

Formal hearing — Required for a driver whose privileges have been suspended or revoked for an offense(s) involving a fatality or great bodily harm or multiple DUI dispositions. A formal hearing must be requested in writing along with a \$50 filing fee.

Informal hearing — Required for a driver whose driving privileges have been suspended or revoked for an offense not involving a fatality or for a single DUI disposition. Held on a walk-in basis.

Proof of financial responsibility — Minimum liability insurance is required before reinstatement or issuance of an RDP. Must be filed with the Secretary of State's office in the form of a certified policy of insurance, cash deposit or surety bond, and must be maintained for three years. Insurance must be submitted on an SR-22 certificate.

Restricted Driving Permit (RDP) — Partial restoration of driving privileges, which allows a person to drive in certain areas and at certain times for employment; support/recovery meetings; or to transport themselves, a family member or a child, elderly or disabled person living in his/her household for medical, day care or educational purposes when no other form of transportation is available. The driver must prove a hardship exists if they have not reached their eligibility date and submit proof of employment; support/recovery group meetings; need for medical care; elder, disabled person or day care verification; or an educational verification form and class schedule. If convicted and imprisoned for reckless homicide or aggravated DUI that was a proximate cause of a death, no relief may be given until 24 months after release from imprisonment. Drivers under age 21 convicted for DUI are not eligible for an RDP until one year from the effective date of revocation.

Revocation — Loss of driving privileges for an indefinite period. A driver may apply for an RDP but cannot apply for reinstatement until their eligibility date. To regain driving privileges, a driver must meet certain legal and administrative requirements.

Lifetime revocation — Permanent revocation after the fourth conviction for any combination of DUI, leaving the scene of a personal injury/fatal accident, or reckless homicide. Eligible for a restricted driving permit after serving five years under revocation from last/most recent revocation effective date or prison release date, whichever is later.

Reinstatement — Full restoration of driving privileges. Allows driving at any time and anywhere, provided the driver has obtained a valid driver's license and is not suspended or revoked or withdrawn in another state. **All revocations and most suspensions require a reinstatement fee.**

Statutory Summary Suspension (SSS) —

Administrative suspension of driving privileges resulting from a DUI arrest. A BAC of .08% or more, a tetrahydrocannabinol concentration of 5 nanograms or more in the blood or 10 nanograms or more in any other bodily substance, any trace of other impairing drugs, or failure to complete or refusal to test for alcohol or other drugs results in an automatic suspension, effective the 46th day from the date the notice is given to the driver. This is separate from other criminal charges against the driver. An MDDP can be granted to first-time offenders, which requires a BAIID to be installed.

Suspension — Loss of driving privileges for a period of time, generally not more than a 12-month period. A person may apply for an RDP to drive during a suspension; however, certain suspensions may not allow for an RDP.

WWW.CYBERDRIVEILLINOIS.COM

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the road to
REINSTATEMENT



RESTORING
your driving privileges

OFFICE OF THE



ILLINOIS SECRETARY OF STATE

DRIVING is a privilege

As Secretary of State, I realize that the loss of driving privileges can cause great hardship for many individuals. Under Illinois law, drivers may apply for reinstatement or a Restricted Driving Permit under certain conditions.

This brochure provides information about the reinstatement process and phone numbers of Secretary of State hearing officer locations statewide.

I assure you it is my top priority that only responsible, qualified drivers will have their driving privileges reinstated.

Jesse White

JESSE WHITE
Secretary of State

HOW TO OBTAIN A RESTRICTED DRIVING PERMIT OR REINSTATEMENT

— Restricted Driving Permit (RDP) —

— Eligibility —

Must provide proof of "undue hardship" because of employment; medical; child, elder or disabled persons day care; educational; support group; or court-ordered community service unless the driver has reached their eligibility date.

— Reinstatement —

— Eligibility —

Cannot apply for reinstatement before your eligibility date.

— Consultation —

Contact Hearing Officer (see listing at right)

— Complete Alcohol/Drug Requirements —

If your record reflects an alcohol/drug-related offense, you must complete the following requirements after your consultation:

- Complete an alcohol/drug evaluation by a Division of Alcoholism and Substance Abuse (DASA)-licensed provider within six months prior to your hearing date. The evaluator will classify you as one of the following:

Minimal risk:

- Must complete an alcohol/drug remedial education class by a DASA-licensed provider.

Moderate or Significant risk:

- Must complete minimal risk requirements, AND
- Provide proof of completion of early intervention (moderate risk) or recommended alcohol/drug treatment (significant risk) and provide continuing care status report.

High risk:

- Provide proof of completion of recommended treatment and provide continuing care status report. If non-dependent, a clinical explanation why dependency was ruled out must be provided, as well as proof of either abstinence or non-problematic use.
- Provide three letters from members of your support/recovery program confirming your participation in the program.
- Provide three letters from independent sources confirming your abstinence from alcohol/drugs.

— Informal or Formal Hearing —

An informal hearing is for an offense that did not involve a fatality or for a single alcohol/drug-related offense. A formal hearing is for an offense involving a fatality or for multiple DUI dispositions.

— RDP Granted —

- Provide proof of financial responsibility if required.
- Pay \$8 issuance fee per permit granted.
- Submit verification of employment; support/recovery group meetings; medical; child, elder or disabled persons day care; educational; or court-ordered community service.
- Take driver's examination if required.
- If BAIID required, pay \$360 BAIID RDP fee.

— RDP —

You will receive your RDP by mail. You cannot operate a motor vehicle until you have the permit in your possession. If a BAIID is required, it must be installed within 14 days from the RDP issue date.

— Denial —

If denied after an informal hearing, you may apply for a formal hearing or wait 30 days from the date of the hearing for another informal hearing. If denied after a formal hearing, you must wait 90 days from the date of the hearing to have another hearing.

— Reinstatement Granted —

The following requirements must be completed:

- Provide proof of financial responsibility.
- Pay reinstatement fee(s).
- Complete BAIID requirements.

— Authorization for New License —

You will receive authorization by mail. You will be required to take a full or partial driver's license exam.

Please refer to the Terms and Definitions in this brochure for more details.

Formal Hearing Officer Locations

A petitioner who is speech or hearing impaired or uses TTY may contact the appropriate office below by dialing 711.

Chicago17 N. State St., Ste. 1200312-793-4967
Springfield275 Howlett Building217-782-7065
Mt. Vernon218 S. 12th St.618-242-8986
Joliet201 S. Joyce Rd.815-740-7171

Informal Hearing Officer Locations

The Informal Hearing Officer locations are subject to change. Please visit the Secretary of State Facility Finder at www.cyberdriveillinois.com or call the location before visiting to confirm availability.

Primary Informal Hearing Officer Locations

(3 or more days a week)

Belleville400 W. Main St.618-236-8778
Bloomington1510 W. Market St.309-829-5495
Bradley111 Village Square815-933-8680
Carbondale2516 W. Murphysboro Rd.618-457-8206
Centralia418 S. Poplar618-352-6054
Champaign2012 Round Barn Road217-278-3352
Chicago17 N. State St., Ste. 1200312-793-3701
Chicago North5401 N. Elston Ave.,773-794-5822
Lower Level
Chicago South9901 S. Martin Luther King Dr.,773-995-2617
Lower Level
Chicago West5301 W. Lexington,773-854-4812
Lower Level
Decatur3149 N. Woodford St.217-875-9995
DeKalb1360 Oakwood Ave.815-756-7781
Edwardsville1502A Troy Rd.618-656-1457
Freeport1054 N. Riverside Dr., Ste. C815-235-4164
Galesburg1066 E. Losey309-342-1154
Joliet54 N. Ottawa St., 4th Floor815-740-7166
LaSalle536 Third St.815-223-9485
Lombard837 S. Westmore, Ste. B27630-629-1069
Middletown14434 S. Pulaski708-388-9192
Mt. Vernon320 E. Main St.618-244-1449
Naperville931 W. 75th St., Ste. 161630-369-9010
Peoria3311 Sterling Ave., #12309-686-8779
Princeton225 Backbone Rd. East815-875-2617
Rockford3720 E. State St.815-394-0329
Schaumburg1227 E. Golf Rd., Woodfield Commons
Shopping Center847-619-3318
Silvis2001 Fifth St., Ste. 10309-796-1321
SpringfieldRoom 275 Howlett Building,217-782-2569
501 S. Second St.
Sterling1224 W. Fourth St.815-626-2825
Tilton5 S. Gate Dr.217-442-9297
Waukegan617 S. Green Bay Rd.847-662-8514
Woodstock428 S. Eastwood Dr.815-338-3188

ILLINOIS PETITIONER TREATMENT VERIFICATION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

The rules of the Secretary of State's Department of Administrative Hearings require a petitioner to document completion of any recommended treatment or provide a treatment waiver as recommended in the Treatment Needs Assessment (TNA). This form may be completed and submitted for this purpose. If more space is needed, attach additional sheets.

Copies of the following documents must be attached to this form:

- 1) Individualized Treatment Plan 2) Discharge Summary 3) Continuing Care Plan
- 4) Continuing Care Status Report 5) Continuing Care Summary Report or Treatment Waiver

PETITIONER INFORMATION:

Name: (Last, First, Middle)		Illinois Driver's License Number:	
Address: (Street/City/State/ZIP)			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Home Telephone Number: ()	Work Telephone Number: ()

1. Referral Source: _____

2. Admission Date: _____ Discharge Date: _____
(Primary treatment only; not follow-up/aftercare)

3. Admission Diagnosis: _____

Discharge Diagnosis: _____

OR

TNA Date: _____ Diagnosis: _____

4. Treatment Modality:

Outpatient counseling..... Number of hours completed: _____

Intensive outpatient counseling..... Number of hours completed: _____

Inpatient..... Number of days in inpatient treatment: _____

Individual therapy

Group therapy

5. Prognosis after completing treatment and/or TNA. Must include a discussion of what the petitioner appears to have gained from treatment and whether it has substantially reduced the potential for future alcohol/drug-related problems.

6. Continuing Care Status:

- Petitioner has completed continuing care (summary report required).
- Petitioner is currently involved in a continuing care plan (status report required).
- Petitioner has completed a continuing care plan.
- Petitioner has not initiated continuing care.
- Continuing care waived (rationale required).
- Petitioner has initiated but failed to complete a continuing care plan for the following reason:

7. Rationale for: a) any modification in the number of treatment hours or change in treatment modality as recommended by the petitioner's last evaluation; b) treatment waiver; or c) additional treatment recommendations as a result of the TNA.

If a petitioner classified as “High Risk” has been determined to be “Non-Dependent,” a detailed explanation by the treatment provider as to why “dependency” was ruled out must be submitted on a separate document.

I certify that I have accurately reported the data collected and required to complete the treatment verification. I also have attached copies of the petitioner's Individualized Treatment Plan, Discharge Summary, Continuing Care Plan, Continuing Care Status Report, and Continuing Care Summary Report or TNA.

Provider's Name: (type or print)	
Provider's Signature:	Date:
Provider's Title:	Telephone Number:
Program Name:	Accreditation/License Number:
Address: (Street/City/State/ZIP)	

ILLINOIS PETITIONER ALCOHOL/DRUG EVALUATION REPORT UPDATE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at:
ilsos.gov

INSTRUCTIONS:

An Alcohol/Drug Evaluation Report Update cannot be used if the petitioner has been arrested for DUI since his/her Uniform Report/Investigative Report was completed (a new Uniform Report must be submitted).

Investigative Reports that did not recommend intervention normally do not require an updated evaluation unless otherwise directed by the Secretary of State Department of Administrative Hearings.

If your agency only completed a Treatment Needs Assessment (TNA), early intervention or continuing care, your agency may not complete the Alcohol/Drug Evaluation Report Update (a new Uniform Report must be submitted).

This petitioner's case file transferred to this agency on ___/___/___/ from _____

YES NO

My agency completed a Uniform Report/Investigative Report on ___/___/___/.

YES NO

My agency provided primary alcohol/drug-related treatment to this petitioner on ___/___/___/.
(Discharge Date)

YES NO

If you answered yes to any of the last three statements, your agency may conduct the Alcohol/Drug Evaluation Update. This document must report the nature and extent of the petitioner's use of alcohol and other drugs from the time period from his/her last evaluation to the present. Any new or additional recommended countermeasures must be reported and completed by the petitioner and documented for his/her application for driving relief. A petitioner is expected to complete the recommended countermeasures. If it is an ongoing countermeasure (such as support system attendance, abstinence, etc.), he/she is expected to follow those recommendations.

All items contained in this form must be completed. The information provided should be typed, as illegible documents will delay the application process or result in the denial of petitioner's application. If more space is needed, attach additional sheets. Before completing this evaluation, review all previous evaluations, treatment summaries and the petitioner's last Denial Order from the Secretary of State (if applicable).

NOTE: If not previously submitted, attach a copy of the Alcohol/Drug Evaluation Uniform Report, any subsequent Alcohol/Drug Evaluation Update and a copy of the petitioner's chronological alcohol and drug use history. If the Alcohol/Drug Evaluation Update is being completed by a treatment agency, a Comprehensive Discharge Summary also must be submitted.

PERSONAL:

This Alcohol/Drug Evaluation Report Update form reports the nature and extent of the use of alcohol or drugs and the resulting recommendations for the following petitioner.

Name: (Last, First, Middle)		Illinois Driver's License Number:	
Address: (Street/City/State/ZIP)			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Home Telephone Number: ()	Work Telephone Number: ()

Beginning Date of Evaluation: _____

Completion Date of Evaluation: _____

Instructions: All items under the following sections must be answered. If more space is needed, attach additional sheets. When including any direct-quote statements, identify them with appropriate quotation marks. **This evaluation covers the time between the petitioner's last evaluation through the completion date of this Alcohol/Drug Evaluation Update.**

1. **ALCOHOL/DRUG USE HISTORY:**

Since the petitioner's last evaluation, report any periods of abstinence from alcohol, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent, report petitioner's abstinent date _____.

What is your clinical impression on the petitioner's ability to maintain abstinence from alcohol?

If petitioner is currently consuming alcohol, list the frequency _____, type _____, amount _____ and time frame _____.

How long has he/she maintained this pattern of use _____?

Since the petitioner's last evaluation, has he/she become intoxicated while using alcohol? **YES** **NO**
If yes, how many times: _____

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:
 slightly intoxicated, moderately intoxicated or heavily intoxicated?

On the occasions the petitioner became intoxicated, how much alcohol was typically consumed and over what time period?

2. Since the petitioner's last evaluation, report any periods of abstinence from substances other than alcohol. Identify the substance used, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent from all substances (excluding alcohol), report petitioner's abstinent date _____.

What is your clinical impression on the petitioner's ability to maintain abstinence from illicit drug use?

If petitioner is currently consuming drugs, list the frequency _____, type _____, amount _____ and time frame _____.

How long has he/she maintained this pattern of use _____?

Since the petitioner's last evaluation, has he/she become intoxicated while using substances other than alcohol?
 YES **NO** If yes, how many times: _____

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:
 slightly intoxicated, moderately intoxicated or heavily intoxicated?

On the occasions the petitioner became intoxicated, how much of the substance(s) was typically used and over what time period?

3. Since the petitioner's last evaluation, did he/she concurrently use alcohol and other substances? **YES** **NO**
If yes, explain:
4. If the petitioner is currently using opiates, opiate substitutes or medical marijuana since the last evaluation, please describe the usage and attach a copy of the pertinent form available on ilsos.gov.
5. Since the petitioner's last evaluation, has he/she exhibited any impairments in significant life areas (social, legal, family, marital, physical, economic), and/or has he/she exhibited any alcohol/drug-related problems, **including but not limited to** black-outs, increased tolerance, loss of control, withdrawal symptoms, increased alcohol or drug use, and using substances to self-medicate chronic pain or symptoms of depression? **YES** **NO** Report frequency of each.
6. Report any current significant physical, medical, emotional/mental health or psychiatric problem(s) and participation in and/or completion of any treatment not previously reported or which has occurred since the last evaluation. A treatment discharge summary should be submitted for any treatment completed. A progress report should be submitted for any treatment not completed. The petitioner will be informed whether a Medical Report Form is required.

7. Is the petitioner taking any medication (prescription or over the counter) that when taken alone or in combination with alcohol or other drugs might impair driving ability? **YES** **NO** If yes, identify the medication and discuss any potential impairment. Petitioner will be informed whether a Medical Report Form is required.

Section 8 (a-d) is required for all update evaluations.

8. Review the information previously obtained regarding the petitioner's most recent DUI arrest or, **if not revoked for DUI**, the most recent alcohol/drug-related arrest. This should include, at a minimum, the time and date of the arrest, reason for arrest, type and amount of alcohol or drugs consumed over what time period, petitioner's perception of the effect of the alcohol and/or drugs consumed, and any chemical test results.

a. Date of offense: _____ Type of offense: _____

b. Time of first drink: _____ Time of last drink: _____

Was a chemical test taken? _____ What was the reading? _____

What type of alcohol was consumed? _____. How much alcohol was consumed? _____

Total consumption metabolism time (from first drink until test given): _____

- c. Does the blood-alcohol (BAC) reading of _____ correlate with the amount of alcohol consumed, total consumption metabolism time and petitioner's body weight _____ at that time? **YES** **NO** Explain:

d. Type of substance used (other than alcohol): _____

Amount of substance used: _____ Time period substance was used: _____

Last time substance used before the alcohol- or drug-related arrest: _____

9. Indicate any significant lifestyle changes, including employment, marital, social, family, economic, etc., if applicable.

- d. Provide a clear and complete explanation as to whether this additional information warrants or does not warrant additional treatment hours. **Additional treatment hours must be completed and properly documented before applying for driving relief.**

- e. If the **previous alcohol/drug evaluation was an Investigative Alcohol/Drug Evaluation**, then please report the evaluator/treatment provider's clinical impression of the nature and extent of petitioner's alcohol/drug abuse, alcohol and/or substance dependency, and/or mental health problems, if any were identified.

- f. The petitioner must submit evidence that he/she has or is complying with all the recommendations made at the time the Investigative Alcohol/Drug Evaluation was completed. This includes treatment; education; ongoing recommendations, including support system meetings; and abstinence, etc.

CLASSIFICATION:

This classification is based on the petitioner's alcohol/drug-related driving arrests, criminal arrests and symptoms of alcohol/drug abuse/dependency. **Any reclassification to a higher classification requires referral to a licensed treatment provider to assess the petitioner's current need for treatment.**

CURRENT CLASSIFICATION:

- MINIMAL RISK
- MODERATE RISK
- SIGNIFICANT RISK
- HIGH RISK NON-DEPENDENT
(3 DUI dispositions in a 10-year period from the date of the most recent DUI arrest; further assessment required.)
- HIGH RISK CHEMICAL DEPENDENCY
(four or more DSM V criteria)
 - ACTIVE
 - IN REMISSION

PREVIOUS CLASSIFICATION:

- MINIMAL RISK
- MODERATE RISK
- SIGNIFICANT RISK
- HIGH RISK NON-DEPENDENT
- HIGH RISK CHEMICAL DEPENDENCY
 - ACTIVE
 - IN REMISSION

Provide your rationale for selecting this classification, including an explanation if the classification appears to conflict with those symptoms or general indicators you have identified and described in this report.

1. **RECOMMENDATIONS:**

Report previous recommendations and when they were successfully completed.

- 2. Report any new or additional recommendations and provide a rationale for such recommendations. If “d” was completed under **PRIOR DENIAL OF DRIVING RELIEF, no response is necessary. Additional treatment hours must be completed and properly documented before applying for driving relief.**

EVALUATOR VERIFICATION (required):

I certify that I have accurately reported the data collected and required in order to complete the evaluation update.

Provider's Name: (type or print)	
Provider's Signature:	Date:
Provider's Title:	Telephone Number:
Program Name:	Accreditation/License Number:
Address: (Street/City/State/ZIP)	

This evaluation update must be signed, dated and be no more than six months old from the Completion Date of Evaluation found on page 1 when received by the Secretary of State's office.

PETITIONER VERIFICATION:

Must be verified in the presence of the evaluator/treatment provider.

The information I have provided for this Alcohol/Drug Evaluation Report Update is true and correct. I have read the information contained in this report and all the recommendations have been explained to me.

Petitioner's Signature: _____ Date: _____



Office of the
Secretary of State
**DEPARTMENT OF
ADMINISTRATIVE HEARINGS**

501 S. 2nd St. 17 N. State, Ste. 1200
Room 212, Howlett Bldg. Springfield, IL 62756 Chicago, IL 60602
ilsos.gov

HEARING REQUIREMENTS

The rules of the Secretary of State Department of Administrative Hearings require that certain documentation be presented at the time of a hearing to be considered for driving relief (Restricted Driving Permit (RDP) and/or Reinstatement). **These documents are required regardless of when the DUI(s) occurred.**

This form may be used as a guide to help you prepare for your upcoming hearing. It is important to be fully prepared for your hearing, as a continuance will not be granted if you do not have the proper documentation. **Also note that you must have NO TRAFFIC TICKETS pending at the time of your hearing**, unless the pending ticket is the only cause of the current loss of driving privileges.

GENERAL DOCUMENTATION REQUIREMENTS

You must submit an **Alcohol/Drug Evaluation Uniform Report**, completed subsequent to your most recent DUI arrest by an agency licensed by the Division of Substance Use Prevention and Recovery (DSUPR). **THIS REPORT MUST INCLUDE A RECITATION OF YOUR COMPLETE ALCOHOL/DRUG USE HISTORY, FROM FIRST USE TO PRESENT USE.** If your Uniform Report evaluation or the last updated evaluation is more than six months old at the time of your hearing, you also must submit a current updated evaluation. An updated evaluation must be completed by the agency that completed your Alcohol/Drug Evaluation Uniform Report or by the agency that completed your treatment. An updated evaluation cannot be completed by the agency that completed the moderate (early intervention) counseling. A treatment provider may not conduct an update evaluation if it waives treatment, unless the provider verifies in writing that the petitioner's case file has been transferred.

The petitioner must provide a Treatment Needs Assessment whenever another Uniform Report is composed, regardless of whether the petitioner successfully completed intervention or treatment after the previous Uniform Report. The Treatment Needs Assessment shall be composed on the treatment provider's letterhead stationery. The Assessment must be signed and dated by the counselor responsible for the assessment or incorporated into the "Treatment Verification" form.

The Uniform Report will place you at a specific classification level. Depending on the classification level, you must comply with additional requirements as explained below. Completion of the DUI Risk Education Course must occur after the last DUI arrest date.

PLEASE REFER TO YOUR CLASSIFICATION LEVEL BELOW FOR COMPLETE REQUIREMENTS.

.....

Minimal Risk

- Must document successful completion of a DUI Risk Education Course.
-

Moderate Risk

- Must document successful completion of a DUI Risk Education Course.
- Must document successful completion of an Early Intervention Program on the providing agency's letterhead indicating the number of hours completed, dates of involvement, a summary of what was explored/addressed and the outcome of your involvement.
- Must document successful completion of any other substance abuse treatment recommended by a licensed evaluator or treatment provider.

Significant Risk

- Must document successful completion of a DUI Risk Education Course.
 - Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of the **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
 - If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
-

High Risk — (four or more DSM V Criteria)

- Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
 - If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
 - Must document complete abstinence from the use of all alcoholic beverages and controlled substances (drugs) by submitting at least three original letters, signed and dated within 45 days prior to your hearing, from individuals (friends, family, etc.) who can verify your abstinence from alcohol/drugs for at least 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
 - Must document the establishment of a support/recovery program (Alcoholics Anonymous, church, etc.) by submitting: (Witness testimony is acceptable instead of letters.)
 - At least three original letters, signed and dated within 45 days prior to your hearing, from fellow members/participants, verifying your active involvement in your support program.
 - If you have a support recovery program sponsor, must submit an original letter from your sponsor documenting your active involvement in your support program, signed and dated within 45 days prior to your hearing.
-

High Risk — “Non-Dependent” (three DUI dispositions within 10 years from the most recent disposition)

- Must document on an original Secretary of State Treatment Verification form, successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
 - Copy of **Individualized Treatment Plan**.
 - Copy of **Discharge Summary**.
 - Copy of **Continuing Care Plan**.
 - Original **Continuing Care Status Report**.
 - If no treatment provided, must submit a treatment waiver prepared on the providing agency's letterhead.
 - Must submit at least three original letters, signed and dated within 45 days prior to the hearing, from individuals (friends, family, etc.) who can verify either your alcohol/drug use pattern or abstinence for at least the last 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
 - Must submit an additional report from the treatment provider explaining why dependency was ruled out and the cause of your behavior that resulted in three or more DUI dispositions. **This requirement cannot be waived.**
-

Lifetime Revocation

In addition to the list above:

- Must document three years of uninterrupted abstinence.
- If classified Level 2 significant risk or Level 3 high risk non-dependent, must show three years of uninterrupted abstinence during any period of time after the most recent arrest for DUI.

Any questions regarding these requirements should be directed to an Informal Hearing Officer at a Secretary of State Driver Services facility or call 217-782-7065. Information also is available at ilsos.gov.

INFORMAL HEARING OFFICER LOCATIONS



Office of the
Secretary of State
**DEPARTMENT OF
ADMINISTRATIVE HEARINGS**

Rm. 212, Howlett Building
Springfield, IL 62756
ilsos.gov

The Informal Hearing Officer locations are subject to change. Please visit the Secretary of State Facility Finder at ilsos.gov or call the location before visiting to confirm the availability.

Belleville	400 W. Main St.	618-236-8778
Bloomington	1510 W. Market St.	309-829-5495
Bradley	111 Village Square	815-933-8680
Carbondale	2516 W. Murphysboro Rd.	618-457-8206
Centralia	418 S. Poplar	618-352-6054
Champaign	2012 Round Barn Road	217-278-3352
Chicago	17 N. State St., Ste. 1200	312-793-3701
Chicago North	5401 N. Elston Ave., Lower Level	773-794-5822
Chicago South	9901 S. Martin Luther King Dr., Lower Level	773-995-2617
Chicago West	5301 W. Lexington, Lower Level	773-854-4810
Decatur	3149 N. Woodford St.	217-875-9995
DeKalb	1360 Oakwood Ave.	815-756-7781
Edwardsville	1502A Troy Rd.	618-656-1457
Freeport	1054 N. Riverside Dr., Ste. C	815-618-6896
Galesburg	1066 E. Losey	309-342-1154
Joliet	54 N. Ottawa St., 4th Floor	815-740-7166
LaSalle	536 Third St.	815-223-9485
Lombard	837 S. Westmore, Ste. B27	630-629-1069
Midlothian	14434 S. Pulaski	708-388-9192
Mt. Vernon	320 E. Main St.	618-244-1449
Naperville	931 W. 75th St., Ste. 161	630-369-9010
Peoria	3311 Sterling Ave., #12	309-686-8779
Princeton	225 Backbone Rd. East	815-875-2617
Rockford	3720 E. State St.	815-394-0329
Schaumburg	1227 E. Golf Rd., Woodfield Commons Shopping Center	847-619-3318
Silvis	2001 Fifth St., Ste. 10	309-796-1321
Springfield	Room 275 Howlett Building, 501 S. Second St.	217-782-2569
Sterling	1224 W. Fourth St.	815-626-2825
Tilton	5 S. Gate Dr.	217-442-9297
Waukegan	617 S. Green Bay Rd.	847-662-8514
Woodstock	428 S. Eastwood Dr.	815-338-3188

DOCUMENTATION OF SELF-HELP SUPPORT/RECOVERY PROGRAM



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
ilsos.gov

A petitioner must provide written documentation of involvement in an established self-help support/recovery program, such as Alcoholics Anonymous and Narcotics Anonymous, to support abstinence. **Documentation must consist of at least three original letters from fellow program members**, which include, at a minimum, the following information. This form may be completed and submitted in lieu of a letter. Letters/forms must be signed and dated within 45 days if appearing in person for a hearing. If being submitted as part of a Non-Resident Out-of-State Hearing Application, the letters/forms must be signed and dated within 45 days of the postmark date. Fellow members may sign the letters using first name and last initial, although full signature is encouraged. If the petitioner has a support/recovery program sponsor, **one of the three letters should be from his/her sponsor and be clearly identified as such.**

Petitioner's Name (type or print)

Illinois Driver's License Number

1. How long have you known the petitioner?
2. How often do you see the petitioner at the program (daily, weekly, monthly, etc.)?
3. How long have you personally known the petitioner to be involved in the program?
4. Other information you believe is important:

Signature

Date

Address/City/State/ZIP

DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
ilsos.gov

A petitioner must provide at least three original letters from individuals who have regular and frequent contact with him/her, which include, at a minimum, the following information. This form may be completed and submitted in lieu of a letter. Letters/forms must be signed and dated within 45 days if appearing in person for a hearing. If being submitted as part of a Non-Resident Out-of-State Hearing Application, the letters/forms must be signed and dated within 45 days of the postmark date. If additional space is needed, please use the back of this form.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
2. How long have you known the petitioner?
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
4. How long have you known the petitioner to be abstinent **from alcohol and/or drugs**? Be as specific as possible, providing abstinence dates for each substance, if applicable. If the petitioner is **still using alcohol/drugs**, describe the frequency and amount of alcohol/drug use and how long the petitioner has maintained that use.
5. Describe any changes in lifestyle and general attitude you have observed in the petitioner since he/she has remained abstinent or maintained the current use pattern.
6. Describe the petitioner's character and why you believe he/she will be a safe and responsible driver.

NOTE: Fellow members of a support group should not provide abstinence/character/substance use letters/forms unless the members have regular and frequent contact with the petitioner outside the group meetings. If a fellow member provides a letter/form, he/she must identify the frequency and extent of contact with the petitioner outside of the group meetings.

Signature

Date

Address/City/State/ZIP