



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

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

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 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.

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.
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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.
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High Risk — “Non-Dependent” (three DUI dispositions in last 10 years)

- 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.**
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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 www.cyberdriveillinois.com.