

ILLINOIS PETITIONER INVESTIGATIVE ALCOHOL/DRUG EVALUATION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

INSTRUCTIONS:

This form is to be used *only* when required by the Secretary of State's office. The form must be completed when a petitioner's current loss of driving privileges is **not related to a DUI conviction** but other evidence indicates existence of: 1) a prior DUI disposition or any other conviction or loss of driving privileges within the last 10 years that was alcohol/drug-related, for which the petitioner did not or was not required to submit to the Secretary of State an Alcohol/Drug Evaluation to obtain driving relief; 2) credible evidence of any arrest or implied consent suspension for boating or snowmobiling under the influence within the last five years; 3) an alcohol/drug-related criminal record; or 4) the petitioner may be a user of alcohol or any other drugs to a degree that renders him/her incapable of safely driving a motor vehicle.

Any applicant meeting the above criteria and making an out-of-state petition for restoration of his/her driving privileges in Illinois must submit an Investigative Alcohol/Drug Evaluation as part of that process. The investigative evaluation must be completed by a service provider licensed by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, who is qualified to evaluate the nature and extent of the petitioner's past and current use of alcohol or other drugs.

All items on this form must be completed. The information should be typed as illegible documents will delay the application process or result in the denial of the petitioner's application.

PERSONAL:

This Investigative Alcohol/Drug Evaluation 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: M F	Date of Birth: / /	Home Telephone Number: () ()	Work Telephone Number: () ()

Beginning Date of Evaluation: _____ **Completion Date of Evaluation:** _____

All items in the following sections must be answered. If more space is needed, attach additional sheets. When including any direct-quote statements, identify them with quotation marks.

ALCOHOL/DRUG USE HISTORY:

1. Describe the petitioner's drinking and drug use pattern for the 12 months before his/her last alcohol/drug-related arrest, including frequency, type, amount and duration of said pattern; frequency of intoxications per week, month, year; and number of drinks and/or amount of drugs needed to become intoxicated. Identify the arrest, including the date and state in which it occurred.

2. Provide a complete and accurate chronological history of the petitioner's alcohol and drug use **from the onset of use up to and including his/her last alcohol/drug-related arrest**, including frequency, type, amount and duration of said patterns, along with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications, any drug use, and amounts need to become intoxicated. List all prior attempts at abstinence. Indicate whether mixed drinks are single-shot, doubles or free-poured; beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and glass size in ounces if consuming wine or mixed drinks. Report the petitioner's first intoxication and whether he/she exhibited vivid recall of this event. Report when the petitioner first exhibited alcohol/drug-related problems.
3. Provide a complete and accurate chronological history of the petitioner's alcohol and drug use **from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date**, including frequency, type, amount and duration of said patterns, along with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications, any drug use, and amounts needed to become intoxicated. List all prior attempts at abstinence. Indicate whether mixed drinks are single-shot, doubles or free-poured; beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and glass size in ounces if consuming wine or mixed drinks.
4. What additional symptoms and/or alcohol/drug-related problems has the petitioner experienced throughout his/her drinking and other drug use history?
- | | | |
|--|------------------------------|-----------------------------|
| a. Missed work | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Under the influence of alcohol/drugs during work | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Under the influence of alcohol/drugs before noon..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Gulped or sneaked drinks | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Hidden alcohol/drugs in the home from parents or spouse | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Experienced memory loss of events that occurred during intoxication | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Passed out | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Become sick (headaches, hangovers, upset stomach, vomiting, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Been in a fight | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Had close friends or relatives express concern over drinking/drug use | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k. Set out with thought of having a social drink but became intoxicated | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| l. Lost friends or had relationships break up over alcohol/drug use | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| m. Felt indignant when confronted with possible alcohol/drug problem..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| n. Felt guilty or ashamed of things said or did while drinking/using drugs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| o. Tried to quit drinking/using drugs but failed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| p. Experienced extreme personality changes when drinking/using drugs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| q. Noticed increased tolerance to alcohol or other drugs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| r. Used alcohol to self-medicate chronic pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| s. Experienced shakes or tremors | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. If using the DSM IV criteria to determine the petitioner's classification, check the symptoms identified for **Alcohol/Drug Abuse**:
- Recurrent substance use resulting in failure to fulfill major role obligations at work, school or home.
 - Recurrent substance use in situations where it is physically hazardous.
 - Recurrent substance-related legal problems.
 - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
6. If using the DSM IV criteria to determine the petitioner's classification, check the symptoms identified for **Alcohol/Drug Dependency**:
- Tolerance — Either a need for markedly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance.
 - Withdrawal — As manifested by either the characteristic withdrawal syndrome for the substance, or the same or closely-related substance is taken to relieve or avoid withdrawal symptoms.
 - The substance is often taken in larger amounts or over a longer period than was intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control substance use (including prior periods of abstinence).
 - A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.
 - Important social, occupational or recreational activities are given up or reduced because of substance use.
 - The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
7. Is there a family history of alcoholism/drug addiction in the petitioner's immediate family? **YES** **NO** If yes, indicate the family member's relationship to the petitioner, frequency of contact with the petitioner, and whether he/she is still using any substance.
8. Is there a history of any alcohol or other drug-related treatment? **YES** **NO** If yes, provide the names and locations of the treatment programs and the dates such treatment occurred. The petitioner must submit separate treatment discharge summaries completed by each treatment program.
9. Is there an indication of any current significant physical, emotional/mental health or psychiatric disorders? **YES** **NO** If yes, the petitioner must submit a separate document from the attending physician, psychiatrist or counselor which reports the diagnosis, current status and a prognosis. If mental health treatment was completed in the last five years, a comprehensive discharge summary must be submitted from each treatment program.

10. 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.

DRIVING HISTORY:

1. How many **DUI arrests** does the petitioner acknowledge? _____ Report all alcohol/drug-related driving arrests, including arrest date, state where occurred, and breath, blood and urine test results.

2. Discuss in detail the most recent DUI arrest. This should include, at a minimum, the following:

a. Time and day of arrest: _____

b. Reason stopped: _____

c. Type and amount of alcohol consumed over what period of time: _____

d. Petitioner's perception of the effect of the alcohol and/or drugs consumed: _____

Does the petitioner believe that he/she was under the influence at the time of the arrest? **YES** **NO**

e. List any chemical test results, including breath, blood (distinguish whether serum-based or whole-blood) and urine: _____

f. Time of first drink: _____ Time of last drink: _____ Time breath or chemical test given: _____

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

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

3. Discuss how corroborative information from both the interview and the objective test either correlates or does not correlate with the information obtained from the petitioner.

CONCLUSION AND RATIONALE:

1. Provide your clinical impression of what the investigative evaluation data indicates concerning the petitioner's past and current use of alcohol and/or other drugs. This should include whether you have identified a specific problem (including alcohol/drug abuse, alcohol/drug dependency, mental health problems) and, if so, whether that problem has been resolved in your opinion.

2. Complete items a, b, c, and d **only** if the petitioner has been denied driving relief from a previous application.
 - a. The petitioner must submit to the evaluator/treatment provider his/her last Order of Denial so the evaluator/treatment provider may effectively address the significant issues raised therein. Was this documentation submitted? **YES** **NO**
Petitioner's failure to provide this information may result in the denial of the application for driving relief.
 - b. Summarize how each significant issue was effectively addressed and/or resolved.

 - c. Provide a clear and complete explanation of why this additional information either changes or does not change the petitioner's classification and/or alters your clinical impression.

 - 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 mailing the application and related documents.**

RECOMMENDATIONS:

Based on petitioner’s alcohol/drug-related driving arrests, criminal arrests and symptoms of alcohol/drug abuse/dependency.

- None
- Alcohol/Drug Remedial Education
- Alcohol/Drug Treatment
 - Outpatient
 - Intensive Outpatient
- Residential
- Other (Specify) _____

NOTE: If either remedial education or treatment is recommended for any case, the petitioner should be directed to a properly licensed service provider.

EVALUATOR VERIFICATION (required):

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

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 investigative evaluation must be signed, dated and no more than six months old 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 is true and correct. I have read the information contained in this report and all the recommendations have been explained to me.

Petitioner’s Name: _____ Date: _____