

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

A petitioner must provide written documentation of a support/recovery program that does not involve a structured, organized and recognized program, such as Alcoholics Anonymous, Narcotics Anonymous, consisting of at least three original letters from participants of the program. This form may be completed and submitted in lieu of a letter. Letters/forms must be signed and dated within **45 days prior to being mailed** to the Illinois Secretary of State's office and include, at a minimum, the following information. If additional space is needed, please use the back of this form.

IMPORTANT: In addition to the minimum three letters, a petitioner must submit a personally prepared letter that specifically identifies and explains what his/her support/recovery program consists of, who its members/participants are, and how both the program and the fellow members/participants help him/her remain abstinent. The letter must be in its original form, signed and dated within 45 days prior to being mailed to the Illinois Secretary of State's office.

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 are you involved in the petitioner's support/recovery program, and how does that help the petitioner remain abstinent?
5. If you knew the petitioner while he/she was actively drinking/using, what has changed that now enables you to help him/her remain abstinent?
6. What changes have you seen in the petitioner since he/she has been involved in this support/recovery program?

Provider's Signature

Date

Address/City/State/ZIP