

# DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM COVER LETTER



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

If your support/recovery program does not involve a structured, organized and recognized program, such as Alcoholics Anonymous or Narcotics Anonymous, you must document the program by submitting an original, personally prepared letter, signed and dated by you within **45 days prior to being mailed to the Illinois Secretary of State's office**, which includes the following information. This form may be completed and submitted in lieu of the letter. If additional space is needed, please use the back of this form.

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Petitioner's Name (type or print)

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Illinois Driver's License Number

1. Describe the type of program you are involved in that helps you remain abstinent from using alcohol/drugs:
  
  
  
  
  
  
  
  
  
  
2. List the names of those who are involved in the program and their relationship to you (family members, friends, church members, co-workers, etc.):
  
  
  
  
  
  
  
  
  
  
3. Explain specifically what these support members do to help you remain abstinent from alcohol/drugs:
  
  
  
  
  
  
  
  
  
  
4. Explain how the program works and keeps you abstinent from alcohol/drugs:

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Petitioner's Signature

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Date

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Address/City/State/ZIP