

OUT-OF-STATE PETITIONER ALCOHOL/DRUG EVALUATION UNIFORM REPORT



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

INSTRUCTIONS:

Any DUI offender making an out-of-state petition for restoration of his/her driving privileges in Illinois must submit an Alcohol/Drug Evaluation as part of that process. The evaluation must be completed by a professional service provider qualified to evaluate the nature and extent of the petitioner's past and current use of alcohol or other drugs. The individual or agency conducting the evaluation must have the expertise and be properly licensed and/or authorized in that state to evaluate and/or treat alcohol/drug-related problems. It is the responsibility of the petitioner to locate a service provider in the state he/she resides. A service provider may be found by consulting the yellow pages in the area telephone directory or the classified ad section of a local newspaper. Many states operate their own evaluation/intervention programs for DUI offenders; therefore, a service provider may be found by contacting a state's driver's licensing agency.

NOTE: This form may be used only by an out-of-state program to conduct an evaluation. If you choose to return to Illinois to obtain the required evaluation, an Illinois-licensed program must use the form provided by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse.

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 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.

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. How many alcohol and/or drug-related **criminal arrests, not including DUI arrests**, does the petitioner acknowledge? _____ Report all such arrests, including felonies and misdemeanors, in any state and indicate date of arrest, state where occurred, description of offense, disposition of offense, and whether the petitioner is currently on probation or parole for any of the offenses.

CORROBORATION:

This section must include information from the following sources:

- A. **Interview with a Significant Other** — May be a family member, friend, employer, parent/guardian, etc. The summary should include, but not be limited to, the following information: significant other's name, age and relationship to the petitioner; how long he/she has known the petitioner; how often he/she sees the petitioner, how long he/she has maintained his/her present level of contact with the petitioner; his/her perception of the petitioner's current alcohol or other drug use pattern and/or abstinence; and whether he/she can verify the duration of the petitioner's current alcohol or other drug use and/or abstinence. **This interview requirement cannot be waived.**
- B. **Objective Test** — Any generally recognized testing instrument may be utilized if the test's reliability and validity has been demonstrated by means of accepted statistical methods and procedures.
 1. Identify the significant other and summarize the information obtained in the interview.
 2. Identify the objective test administered and provide a summary interpretation of the results of the test.

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.

CLASSIFICATION:

This classification is based on the petitioner's alcohol/drug-related driving arrests, criminal arrests and symptoms of alcohol/drug abuse/dependency. (Refer to Classification Definitions on page 9 before completing this section.)

1. Indicate the classification for this DUI offender:
 - Non-Problematic Use**
 - Problematic Use**
 - Alcoholism/Chemical Dependency**
 - Active (Using) Alcoholic/Chemically Dependent Only**
 - In Remission (Recovering) Alcoholic/Chemically Dependent Only**

NOTE: Once it has been determined that a petitioner is dependent on alcohol and/or other drugs, the petitioner must be classified as Alcoholic/Chemically Dependent, regardless of whether the petitioner's dependency is active or in remission when the evaluation is conducted.

2. Provide a clear and complete 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.

3. 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.

EVALUATOR VERIFICATION (required):

I certify that I have accurately reported the data collected and required in order to complete the 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 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 Uniform Report 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: _____

CLASSIFICATION DEFINITIONS

Non-Problematic Use

A general indication of this classification includes no symptoms of substance abuse or dependence. This would include no patterns of impairment in family, marital, social, emotional, occupational or physical functioning as a consequence of alcohol or other drug use. No additional symptoms such as change in tolerance, blackouts or loss of control. Generally, but not always, someone who has only one DUI arrest. Blood-alcohol concentration (BAC) at the time of arrest is less than .15.

Problematic Use

A general indication of this classification includes a pattern of substance abuse that has the potential for creating serious life problems. More than one arrest for DUI, especially if the arrests have occurred within the past 10 years. A BAC at the time of arrest of .15 or greater. An individual classified as Problematic Use may be considered "at risk" to develop a substance dependency.

Alcoholism/Chemical Dependency

This classification is characterized by past or present symptoms of substance dependency, such as a preoccupation with alcohol or other drugs; impairment in more than one of the following areas as a direct result of loss of control over consumption: family, marital, social, emotional, occupational, physical; periodic or chronic intoxication; tendency to increase dosage; tendency toward relapse; psychological dependence (e.g., problems with relationships or belief that activities cannot be done as well without the substance), sleeplessness, night sweats and, in some cases, a physical dependence (e.g., tremors, cravings, seizures or withdrawal symptoms) on the effects of alcohol and/or other drugs. **Anyone who has met this definition at any time in his/her life and is currently maintaining abstinence remains in this classification and may be considered in remission. This person should not be classified as Non-Problematic or Problematic Use.**

EDUCATION AND TREATMENT REQUIREMENTS FOR CLASSIFICATIONS

Non-Problematic Use

The petitioner must complete alcohol/drug remedial education. **Remedial Education cannot be waived.** The agency providing the educational program must complete all sections of the Remedial Education Verification form. Completion must occur after the petitioner's most recent DUI arrest and may include any other recommendations made by the evaluator/treatment provider.

Problematic Use

The petitioner must complete alcohol/drug remedial education and treatment. **Remedial Education cannot be waived.** The agency providing the educational program must complete all sections of the Remedial Education Verification form. Completion must occur after the petitioner's most recent DUI arrest. Treatment for this classification generally consists of a minimum 12-20 hours of outpatient treatment (group or individual or any combination of group and individual counseling), based on the severity of the problems identified and resolution of those problems, and may include any other recommendations made by the evaluator/treatment provider. The **Treatment Verification** form and a **Comprehensive Discharge Summary** must be submitted.

Alcoholism/Chemical Dependency

Treatment for this classification generally consists of either 75 hours of outpatient or intensive outpatient counseling or residential/inpatient treatment, and may include any other recommendations made by the evaluator/treatment provider. The Treatment Verification form and a Comprehensive Discharge Summary must be submitted.

If treatment for Problematic Use and/or Alcoholism/Chemical Dependency was completed in Illinois, documentation must also include copies of the treatment plan, discharge summary and continuing care plan.

OTHER REQUIRED DOCUMENTATION FOR PETITIONERS CLASSIFIED AS "ALCOHOLIC/CHEMICALLY DEPENDENT"

- A. Submit **three letters** using the enclosed Documentation of Self-Help Support/Recovery Program forms to verify that you are involved in a self-help support recovery program such as **Alcoholics Anonymous or Narcotics Anonymous**. If you have a sponsor one of the letters should be written by your sponsor.
- B. If you are not involved in a support program such as **Alcoholics Anonymous or Narcotics Anonymous**, you must submit **three letters** using the enclosed Documentation of Non-Traditional Support/Recovery Program forms to verify that you are utilizing a program of that nature.

In addition, you must submit a letter written by you describing the support program and how it enables you to remain abstinent from alcohol/drugs. You should specifically identify those individuals who are part of your support/recovery program and discuss how they help you remain alcohol and drug free.

NOTE: Regardless of your classification, you must comply with all recommendations made by your evaluator and/or treatment provider.