

# 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](http://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: <input type="checkbox"/> M <input type="checkbox"/> 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. 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 and from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date.** Include 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 any and 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.

2. 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 .....  YES  NO
- b. Under the influence of alcohol/drugs during work .....  YES  NO
- c. Under the influence of alcohol/drugs before noon.....  YES  NO
- d. Gulped or sneaked drinks .....  YES  NO
- e. Hidden alcohol/drugs in the home from parents or spouse .....  YES  NO
- f. Experienced memory loss of events that occurred during intoxication .....  YES  NO
- g. Passed out .....  YES  NO
- h. Become sick (headaches, hangovers, upset stomach, vomiting, etc.) .....  YES  NO
- i. Been in a fight .....  YES  NO
- j. Had close friends or relatives express concern over drinking/drug use .....  YES  NO
- k. Set out with thought of having a social drink but became intoxicated .....  YES  NO
- l. Lost friends or had relationships break up over alcohol/drug use .....  YES  NO
- m. Felt indignant when confronted with possible alcohol/drug problem.....  YES  NO
- n. Felt guilty or ashamed of things said or did while drinking/using drugs .....  YES  NO
- o. Tried to quit drinking/using drugs but failed .....  YES  NO
- p. Experienced extreme personality changes when drinking/using drugs .....  YES  NO
- q. Noticed increased tolerance to alcohol or other drugs .....  YES  NO
- r. Used alcohol to self-medicate chronic pain .....  YES  NO
- s. Experienced shakes or tremors .....  YES  NO

3. 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.
4. 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.
5. 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.
6. 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 document his/her most recent treatment. The petitioner must submit a Treatment Verification Form and Treatment Discharge Summary completed by the treatment program that provided the treatment.
7. 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 that 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 the most recent treatment program that provided the treatment. The petitioner will be informed whether a Medical Report Form is required.

8. 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. The petitioner will be informed whether a Medical Report Form is required.

## **DRIVING HISTORY:**

1. How many **DUI arrests** does the petitioner acknowledge? \_\_\_\_\_ Report **all alcohol/drug-related driving arrests** (DUI, Illegal Transportation of Alcohol, Fleeing and/or Attempting to Elude a Police Officer, Leaving the Scene of a Property Damage, Personal Injury and/or Fatal Motor Vehicle Crash, Driving Without a Valid License or Permit, Driving While Suspended/Revoked, Auto Theft, Reckless Homicide, Reckless Driving, etc., in any state). Include a description of the offense; date of arrest; state where it occurred; disposition of the offense; any breath, blood and urine test results; and whether the petitioner is currently on probation or parole for any of the offenses.

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 of \_\_\_\_\_ correlate with the amount of alcohol consumed, total consumption metabolism time and the petitioner's body weight \_\_\_\_\_ at that time?  **YES**  **NO** Explain: \_\_\_\_\_
- h. Type of substance used (other than alcohol): \_\_\_\_\_ Amount of substance used: \_\_\_\_\_ Time period substance was used: \_\_\_\_\_ Last time substance used before the alcohol/drug related arrest: \_\_\_\_\_





- 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 applying for reinstatement of driving privileges.**

**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: \_\_\_\_\_