

# NON-RESIDENT/OUT-OF-STATE PETITIONER HEARING APPLICATION



## Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

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

**Before completing this application, carefully read and follow the instructions. Failure to follow the instructions may result in substantial delays in processing the application and/or denial of the petitioner's application for driving relief.**

**IMPORTANT NOTE:** Pursuant to 92 Ill. Adm. Code, Sec. 1001.100(a)(2), any out-of-state petitioner who resides within 30 miles of the Illinois border must appear for an in-person hearing, unless good cause is shown for being unable to do so. Good cause may be shown by means of a written statement that clearly explains why the petitioner cannot attend a hearing in person due to economic, physical or medical reasons. Inconvenience does not constitute good cause. The 30-mile range is based on using a road atlas to measure the straight-line distance between the Illinois border and the city in which you reside. If you reside within 30 miles of the Illinois border, please call 217-785-8227.

Petitioners intending to re-establish residency in Illinois within the next 60 days may not apply for driving relief by mail. A petitioner returning to Illinois must have an in-person hearing with a Secretary of State hearing officer.

Petitioners who have one or more traffic offenses pending in any court in Illinois or any other state may not apply for driving relief until there is a final disposition such as dismissal, conviction or other resolution of the traffic offense(s) in the court where the offense(s) is pending.

### **All petitioners must complete the following requirements:**

1. Submit a **\$50 filing fee** in the form of a check or money order payable to Secretary of State, or by credit/debit card using the form on page 15.
2. A petitioner **may** obtain a copy of his/her Illinois driving record by submitting a written request along with a **\$12** check or money order payable to Secretary of State to: Secretary of State, Driver Services Department, 2701 S. Dirksen Pkwy., Springfield, IL 62723. **DO NOT SEND CASH. The written request must include the petitioner's Illinois driver's license number, if available, full name and middle initial, date of birth, sex, and be signed and dated.**
3. Out-of-state petitioners must submit evidence of current residency such as voter registration, income tax return, mortgage contract, employment verification, utility and/or telephone bills, etc. (see page 11). The Department of Administrative Hearings may reject an out-of-state petition if the petitioner is regularly present in Illinois for such things as work, school or family contacts and is, therefore, capable of attending a hearing in person. Proof of residency must be dated within 30-60 days of mailing the application. **NOTE: Proof of residency must reflect the same address as reported on the affidavit.**
4. A petitioner who has changed his/her name must submit a copy of a **marriage certificate, divorce decree or court order** reflecting the name change.
5. Submit the **three** enclosed **Documentation of Abstinence/Character/Substance Use** forms. These forms must be signed and dated, discuss the petitioner's character and ability to be a safe and responsible driver, and include the frequency and amount of the petitioner's alcohol/drug use for at least the last 12 months. Persons completing the forms should know and see the petitioner on a regular and frequent basis.
6. **All petitioners must complete Section I — General Information Affidavit on pages 3-5.**

### **INSTRUCTIONS FOR COMPLETING HEARING APPLICATION**

- Petitioners must demonstrate in a clear and convincing manner that they are not a risk to the public's safety and welfare.
- Petitioners must answer all questions truthfully and to the best of their knowledge. Be specific when answering questions.
- The application must be typed or printed and easy to read.
- Petitioners who have problems reading or following instructions should find someone to assist them in completing the application.
- Once the Secretary of State receives a completed hearing application, a determination will be made if any other documentation is required. Petitioners may be required to submit a current Alcohol/Drug Evaluation and comply with any recommended countermeasures.

- All applications are handled in the order received. Time will be granted to complete any other requirements. Petitioners who fail to submit the required documentation in the time allowed will have their applications defaulted and must observe the waiting requirement before re-applying.
- Petitioners will be notified by mail of the decision at the address reported on the Out-of-State Petitioner's Affidavit. **Decisions will not be given over the telephone.** If a decision is made to reinstate and/or grant driving relief, a 12-month grace period will be granted from the date of the decision for the petitioner to pay any reinstatement fees due and submit a completed affidavit for waiving the Financial Responsibility Insurance (SR-22) requirement.

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1. **SECTION I:** This section has three pages (3-5) and is the General Information Affidavit. **It must be completed by all petitioners.**
  2. **SECTION II:** This section has five pages (6-10) and must be completed by a petitioner who has **received any alcohol/drug-related arrests in any state.** Question 2 on page 6 must list all alcohol/drug-related arrests and dispositions in any state.

**NOTE:** There is no charge for the first Non-Resident Out-of-State Petitioner Hearing Application mailed to a petitioner who is applying or re-applying for reinstatement of his/her Illinois driving privileges. Re-applying is defined as requesting an application for another out-of-state hearing after receiving a final decision on a previously submitted application. Any request for an additional application received before a final decision is issued on a previously requested application requires a \$9 replacement fee prior to mailing the additional/replacement application.

Examples of requests for additional/replacement applications requiring the payment of replacement fees include, but are not limited to, the following reasons: not following directions when requesting/completing the application; address change/postal return resulting in not receiving the application; lost or destroyed application. Any application received that is not legible due to poor handwriting, staining or other mutilation of the application will not be accepted and will require payment of a replacement fee for an additional/replacement application. Any request for an additional/replacement application must be made in writing and include the appropriate fee.

The \$9 replacement fee must be paid by check or money order payable to the Office of the Secretary of State. **CASH IS NOT ACCEPTED.** Individual forms may be obtained at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com). If you need an additional/replacement application and are not sure which application is appropriate, please contact the Out-of-State Unit at the address/phone number on the application.

**Petitioners should make copies of all documents** before submitting the original hearing application. Copies or faxes are unacceptable. A \$.50 per-page fee is charged for copies of documents requested after the Secretary of State's office has received the application. If an additional application is requested before submitting this application, a fee will be collected before mailing the additional application. For more information, please call **217-782-3943 or 217-524-7982 (fax), or e-mail [ooshearings@ilsos.net](mailto:ooshearings@ilsos.net)**.

**Submit the completed Hearing Application and all required documentation in one envelope to:**

**Illinois Secretary of State  
Department of Administrative Hearings  
Rm. 207 Howlett Building  
Springfield, IL 62756**

**SECTION I: Must be completed by all petitioners.**

**OUT-OF-STATE PETITIONER'S GENERAL INFORMATION AFFIDAVIT  
Petition to the Office of the Illinois Secretary of State**

**Former Illinois Driver's License Number:** \_\_\_\_\_

Name: (Last, First, Middle)		Telephone Number:
Current Residence Address: (Street/City/State/ZIP)		County:
Last Illinois Address: (Street/City/State/ZIP)		County:
Sex: M    F	Date of Birth: /      /	Social Security Number:

1. Were you a resident of the State of Illinois at the time of your alcohol/drug-related arrest(s) or non-alcohol/drug-related arrests(s) that resulted in the revocation, suspension or cancellation of your driver's license?  **YES**  **NO**

If you were ever an Illinois resident, when did you move out of state? \_\_\_\_\_

2. Do you intend to establish residency in the State of Illinois?  **YES**  **NO**

If yes, when are you moving to Illinois? \_\_\_\_\_

3. Do you intend to apply for a license to drive in the State of Illinois?  **YES**  **NO**

4. In the past 12 months how often have you visited the State of Illinois for personal reasons \_\_\_\_\_ and/or for employment purposes \_\_\_\_\_.

5. Do you currently have any traffic tickets pending against you in Illinois or any other state?  **YES**  **NO** If yes, report what state(s), description of charge(s) and date(s) occurred:

6. If you have ever been arrested for any traffic violations or alcohol/drug-related arrest, report the following:

State:	Dates License Held:	Driver's License Number:

7. Have you ever received mental health treatment?  **YES**  **NO** If yes, explain in detail when and where the treatment took place, the diagnosis and any medications you are taking. Also, if your treatment was within the last five years, submit a Comprehensive Discharge Summary from the most recent treatment program that provided the treatment. You will be informed whether a Medical Report Form is required.

8. Do you have any medical conditions such as epilepsy or other seizure disorders, heart problems, diabetes, high blood pressure, glaucoma, cancer, etc?  **YES**  **NO** If yes, describe in detail when you were diagnosed, medications you are taking and whether you were advised by your physician or pharmacist not to consume alcohol while taking these medications due to your medical condition.

9. Are you currently undergoing treatment and/or taking medication for a diagnosed psychiatric disorder?  **YES**  **NO** If yes, submit a separate report from the agency or practitioner providing such treatment and/or prescribing such medication, which discusses the diagnosis, your current status, a prognosis, and whether any medication you are currently taking may potentially impair your ability to safely operate a motor vehicle. You will be informed whether a Medical Report Form is required.

10. Are you currently on probation or parole?  **YES**  **NO** If yes, submit a certified copy of the terms of the parole/probation and a current letter from your parole/probation officer indicating if you are in compliance with the terms and if there are any restrictions in your terms that prohibit the operation of a motor vehicle. If you have completed your term(s) of parole/probation, submit a Termination of Supervision letter from the Department of Corrections.

What was your prison release date and why were you incarcerated?

11. On a **separate sheet of paper**, describe the events leading up to, during and after the **non-alcohol/drug-related arrest(s)** that led to the loss of your driving privileges in Illinois. Please be as specific and informative as possible. **Remember, the burden is on you to demonstrate that your driving privileges should be restored.**

12. What are your plans to be a more responsible driver in the future?

13. Have you ever been involved in a motor vehicle accident(s) resulting in personal injuries and/or death?  **YES**  **NO**  
 If yes, report the date(s), a brief description of the accident, and whether you were charged with and/or convicted of any violations as a result of the accident.
14. If you were convicted of leaving the scene of the accident, why did you leave the scene?
15. Have you ever been involved in a motor vehicle accident(s) that involved only property damage, either to your vehicle, another vehicle(s) or any other property?  **YES**  **NO** If yes, report the date(s), a brief description of the accident, and whether you received any tickets regarding these accidents.
16. Have you ever been arrested for driving during a suspension, revocation or without a valid driver's license?  **YES**  **NO**  
 If yes, why did you drive? \_\_\_\_\_  
 How many times have you driven without a valid license and/or while suspended or revoked? \_\_\_\_\_  
 When was the last time you drove a motor vehicle without a valid license and/or while suspended or revoked, and explain why you were driving on that occasion?
17. Report on a **separate sheet of paper** any other information you feel may be relevant in helping the Secretary of State's office determine whether to reinstate your driving privileges.

**Under penalty of perjury, I certify that the statements set forth in this document are true and correct.**

\_\_\_\_\_

Petitioner's Signature

\_\_\_\_\_

Date

**SECTION II: Must be completed by a petitioner who has received an alcohol/drug arrest(s) in any state. Question 2 below must include all alcohol/drug-related arrests in any state.**

**Former Illinois Driver's License Number:** \_\_\_\_\_

1. Total number of arrest(s) for driving under the influence of alcohol and/or other drugs (DUI): \_\_\_\_\_
2. 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; and any breath, blood and urine test results.
  
3. Have you ever been arrested for DUI and the court changed the DUI charge(s) to a reduced charge (example: reckless driving, careless driving, improper lane usage, etc.)?  **YES**  **NO**  
If yes, how many times \_\_\_\_\_ and in what year(s) did these charges occur? \_\_\_\_\_
4. Have you received a DUI charge that was suspended or the conviction was deferred for a period of time and then the charge was later dropped? (In Illinois this is known as court supervision.)  **YES**  **NO**  
If yes, how many times? \_\_\_\_\_ Date of last disposition: \_\_\_\_\_
5. Provide details of your most recent DUI arrest; if never arrested for DUI, then the most recent alcohol/drug-related driving arrest:
  - a. Date of arrest: \_\_\_\_\_
  - b. Location of arrest (city, county, state): \_\_\_\_\_
  - c. Time of arrest: \_\_\_\_\_
  - d. Why were you stopped? \_\_\_\_\_
  - e. Why did the arresting officer suspect you were intoxicated? \_\_\_\_\_
  - f. Had you been drinking alcohol or using any other type of drug before your arrest?  **YES**  **NO**
  
6. How much had you consumed? \_\_\_\_\_
7. What kind of alcohol or drugs did you consume? \_\_\_\_\_
8. Over what time period did you consume the alcohol/drugs? \_\_\_\_\_
9. Were you taking any kind of prescribed medication?  **YES**  **NO** If yes, what was the medication and when was it taken? \_\_\_\_\_
10. Did you submit to a breath, blood or urine test?  **YES**  **NO** If yes, what was the result?  **PASSED**  **FAILED**
11. What was your **blood-alcohol concentration** (BAC) and your **body weight** at the time you submitted to the breath, blood or urine test? BAC: \_\_\_\_\_ Body Weight: \_\_\_\_\_

List the drugs identified by the test:

12. If you refused the breath, blood or urine test, why did you refuse?

13. If your arrest was the result of a traffic accident, was anyone:

Killed:  **YES**  **NO** How many: \_\_\_\_\_

Injured:  **YES**  **NO** How many: \_\_\_\_\_

14. At the time of the arrest, did you believe you were capable of safely operating a motor vehicle?  **YES**  **NO**

15. At the time of the arrest, did you feel intoxicated?  **YES**  **NO**

16. What was the disposition of this arrest? (check appropriate disposition)

Convicted of DUI

Convicted of a reduced charge

Sentenced to court supervision, deferred prosecution, suspended sentence, etc.

Dismissed

If dismissed, reason charge was dismissed:

17. Have you received any other traffic citations or been involved in any automobile accidents (including single car accidents) that involved alcohol/drugs or in which alcohol/drugs were a factor?  **YES**  **NO**

Report and explain all illegal transportations for alcohol or drugs in any state:

18. **Report all other alcohol/drug-related arrests in any state, including felonies, misdemeanors, petty offenses and local ordinances.** Total number of alcohol- and/or drug-related arrests, **not previously discussed:** \_\_\_\_\_. Report all such arrests, including a description of offense; date of arrest; state where occurred; and disposition of offense.

19. Were you ever involved in any accidents as a driver in which someone was killed or injured and alcohol/drugs was **not** a factor?  **YES**  **NO** Explain:

20. If your driving privileges have been suspended or revoked for other non-alcohol/drug-related offenses, explain the facts of the offenses in detail (attach another sheet of paper if necessary).

21. Because of your last conviction for DUI or other alcohol/drug-related arrest, were you required to participate in an alcohol/drug use evaluation?  **YES**  **NO** **If yes, submit a copy of the evaluation along with this affidavit.**
22. Have you ever received alcohol/drug abuse/dependency treatment?  **YES**  **NO** If yes, explain in detail when and where the treatment took place and the diagnosis. If the treatment was within the **last five years**, also submit a Treatment Verification Form and Treatment Discharge Summary completed by the treatment program that provided the treatment.

**NOTE: For questions 21 and 22 above, the evaluator/treatment provider must submit a letter if these records have been destroyed.** If you cannot obtain these records because the agency is no longer in business, please indicate so below.

**23. Only answer questions (a) through (m) below if you have ever been diagnosed as and/or consider yourself to be “Alcoholic/Chemically Dependent,” whether active or in remission. If you complete this section, the Secretary of State’s office will consider you to be “Chemically Dependent.”**

- a. Are you abstaining from drinking any amount of alcoholic beverages?  **YES**  **NO**  
 On what date did you last consume any amount of alcohol? \_\_\_\_\_  
 Are you abstaining from using all mood-altering drugs (other than alcohol)?  **YES**  **NO** If no, explain:
- Date you last used any mood-altering drug(s): \_\_\_\_\_
- b. Have you submitted at least three letters from persons with whom you have regular contact (at least twice weekly) who can verify that you have been abstinent from alcohol and/or drugs?  **YES**  **NO**
- c. Are you attending a recognized alcohol or drug self-help program such as Alcoholics Anonymous or Narcotics Anonymous?  **YES**  **NO** If yes, answer questions (d) through (i). If no, go to question (i).
- d. Who recommended that you attend a self-help program? \_\_\_\_\_
- e. How long have you participated in this program? \_\_\_\_\_
- f. How often do you attend? \_\_\_\_\_
- g. Have you submitted at least three letters from members of your self-help program?  **YES**  **NO**
- h. What changes or improvements can you point to in your life since you have become abstinent and (if applicable) have begun participation in a self-help program?
- i. If you were involved in a self-help program but have since stopped, explain why you discontinued participation and when this occurred?
- j. If you are not a member of AA or NA, have you developed an informal/non-traditional support/recovery program to help you maintain abstinence?  **YES**  **NO** If yes, go to question k then answer the following questions. If no, go to the **Drinking History** section on the next page.
- k. How long have you participated in this program? \_\_\_\_\_
- l. Have you submitted a letter written by you explaining what your support/recovery program is and how it helps you stay abstinent from alcohol/drugs?  **YES**  **NO**
- m. Have you submitted letters from at least three fellow members/participants in your non-traditional support/recovery program?  **YES**  **NO**

**DRINKING HISTORY: Every petitioner must complete this section.**

1. Describe your typical drinking/drug use pattern during the **12 months before your most recent DUI** or, if never arrested for DUI, the most recent alcohol/drug-related arrest:
  - a. Drink/drug of choice: \_\_\_\_\_
  - b. Typical amount of alcohol and/or drugs consumed per occasion: \_\_\_\_\_
  - c. Number of drinking/drug occasions per month: \_\_\_\_\_
  - d. Number of intoxications per month: \_\_\_\_\_
  - e. Amount of alcohol/drugs required to reach intoxication: \_\_\_\_\_
  - f. Reason(s) for drinking to the level of intoxication: \_\_\_\_\_
  - g. Usual place of drinking/drug use: \_\_\_\_\_
  - h. Length of time (months/years) you maintained this alcohol/drug pattern: \_\_\_\_\_
  
2. Describe your typical drinking/drug use pattern during the **past 12 months**. If you have been totally abstinent from drinking/using any type of alcoholic beverages/drugs for the past 12 months or more, go to question 3.
  - a. Drink/drug of choice: \_\_\_\_\_
  - b. Typical amount of alcohol and/or drugs consumed per occasion: \_\_\_\_\_
  - c. Number of drinking/drug occasions per month: \_\_\_\_\_
  - d. Number of intoxications per month: \_\_\_\_\_
  - e. Amount of alcohol/drugs required to reach intoxication: \_\_\_\_\_
  - f. Reason(s) for drinking to the level of intoxication: \_\_\_\_\_
  - g. Usual place of drinking/drug use: \_\_\_\_\_
  - h. Length of time (months/years) you maintained this alcohol/drug pattern: \_\_\_\_\_
  
3. If totally abstinent from alcohol and drug use:
  - a. Last time you used any amount of an alcoholic beverage: \_\_\_\_\_
  - b. Last time you used any mood-altering drugs: \_\_\_\_\_
  - c. Why did you stop/quit using the alcohol/drugs? \_\_\_\_\_  
\_\_\_\_\_
  - d. Drinking/drug use pattern for the 12 months before you quit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Has your drinking/drug use pattern ever consisted of more than described in Question 1 or 2 above?  **YES**  **NO**  
If yes, describe the pattern and indicate when it took place:
  
  
  
  
  
  
  
  
  
  
5. If there has been a change in your drinking/drug use pattern since your last DUI or alcohol/drug-related arrest, explain why it has changed:

6. What is your intention regarding the future use of alcohol/drugs and why?
7. If you have made a decision to never drink/use drugs again, explain the reason(s) for this decision:
8. Describe the last time you became intoxicated or high on alcohol or other drugs.
- When did this occur? \_\_\_\_\_
  - What was consumed and how much was consumed? \_\_\_\_\_
  - In what time period? \_\_\_\_\_
  - What was the occasion? (party, evening out, socialized, etc.) \_\_\_\_\_
9. Have you ever experienced the following as a result of your alcohol/drug use?
- Missed work .....  YES  NO
  - Under the influence of alcohol/drugs during work. ....  YES  NO
  - Under the influence of alcohol/drugs before noon .....  YES  NO
  - Gulped or sneaked drinks. ....  YES  NO
  - Hidden alcohol/drugs in the home from parents or spouse .....  YES  NO
  - Experienced memory loss of events that occurred during intoxication. ....  YES  NO
  - Passed out .....  YES  NO
  - Become sick (headaches, hangovers, upset stomach, vomiting, etc.) .....  YES  NO
  - Been in a fight .....  YES  NO
  - Had close friends or relatives express concern over drinking/drug use .....  YES  NO
  - Set out with thought of having a social drink but became intoxicated .....  YES  NO
  - Lost friends or had relationships break up over alcohol/drug use .....  YES  NO
  - Felt indignant when confronted with possible alcohol/drug problem .....  YES  NO
  - Felt guilty or ashamed of things said or did while drinking/using drugs .....  YES  NO
  - Tried to quit drinking/using drugs but failed .....  YES  NO
  - Experienced extreme personality changes when drinking/using drugs. ....  YES  NO
  - Noticed increased tolerance to alcohol or other drugs .....  YES  NO
  - Used alcohol to self-medicate chronic pain .....  YES  NO
  - Experienced shakes or tremors .....  YES  NO
10. Is there any history of alcoholism/drug addiction in your immediate family?  **YES**  **NO** If yes, what is the relationship?

**Under penalty of perjury, I certify that the statements set forth in this document are true and correct.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

**This form must be signed and dated within 30 days prior to mailing.**

## **PROOF OF RESIDENCY**

**Attach one item of proof of residency to this page and submit along with your application and other required documentation.**

**Examples of acceptable proof of residency include:**

- **utility bill**
- **telephone bill**
- **paycheck stub**
- **bank statement**
- **ID card**
- **W-2 form**
- **military orders**
- **mortgage contract**

**The address on the proof of residency must reflect the address on your Out-of State Petitioner's Affidavit.**

**Your proof of residency must be dated within 30-60 days.**

# OUT-OF-STATE PETITIONER DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



## Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

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

An out-of-state petitioner must provide **at least three** original letters from individuals who have regular and frequent contact with him/her, which include, at a minimum, the following information. 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. If additional space is needed, please use the back of this form.

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Petitioner's Name

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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 long have you known the petitioner to be abstinent **from alcohol and/or drugs**? Be as specific as possible, providing abstinence dates for each substance, if applicable. If the petitioner is **still using alcohol/drugs**, describe the frequency and amount of alcohol/drug use and how long the petitioner has maintained that use.
5. Describe any changes in lifestyle and general attitude you have observed in the petitioner since he/she has remained abstinent or maintained the current use pattern.
6. Describe the petitioner's character and why you feel he/she will be a safe and responsible driver.

**NOTE: Fellow members of a support group should not provide Abstinence/Character/Substance Use letters/forms unless the members have regular and frequent contact with the petitioner outside the group meetings. If a fellow member provides a letter/form, he/she must identify the frequency and extent of contact with the petitioner outside of the group meetings.**

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Signature

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Date

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Address/City/State/ZIP

# OUT-OF-STATE PETITIONER DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



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Signature

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Date

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Address/City/State/ZIP

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Signature

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Date

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Address/City/State/ZIP

# OUT-OF-STATE PETITIONER FORMAL HEARING FILING FEE CREDIT/DEBIT CARD PAYMENT FORM



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

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

All Out-of-State Petitioner Formal Hearing Applications must be accompanied by a **\$50 filing fee**. The fee may be submitted in the form of a check or money order payable to Secretary of State, or by credit/debit card using this form. **DO NOT SEND CASH. If you pay by check or money order you do not need to complete this form.** Applications received without the fee will not be processed until the fee is submitted. The fee is **nonrefundable** in accordance with Section 2-118 of the Illinois Vehicle Code and 92 Illinois Administrative Code 1001.70.

Credit/debit cards must have a valid expiration date and a good credit standing. A \$2 convenience fee is assessed on all credit/debit card payments. The convenience fee is charged by the bank; no portion is retained by the Secretary of State's office.

\_\_\_\_\_  
Petitioner's Name Illinois Driver's License Number

Address: (Street/City/State/ZIP) \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**Check appropriate Card:**  Novus/Discover  Visa  Master Card  American Express

**Type of Card:**  Credit  Debit

Cardholder's Name: (as it appears on card) \_\_\_\_\_

Cardholder's Address: (Street/City/State/ZIP) \_\_\_\_\_

Cardholder's Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I hereby authorize the Office of the Secretary of State to charge my credit/debit card for the \$50 filing fee plus a \$2 convenience fee.**

\_\_\_\_\_  
Cardholder's Signature Date