

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



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

INSTRUCTIONS:

This Alcohol/Drug Evaluation Report Update form may be used by the agency that conducted the original Alcohol/Drug Evaluation Uniform Report, or by the treatment agency that provided treatment as a result of a recommendation made in the Uniform Report. Otherwise, a completely new Alcohol/Drug Evaluation Uniform Report must be completed. **An Alcohol/Drug Evaluation Report Update cannot be used if the petitioner has been arrested for DUI since his/her Uniform Report was completed (a new Uniform Report must be submitted).**

This document shall report the nature and extent of the petitioner's use of alcohol and any other drugs from the time of his/her last evaluation to the present. Any new or additional recommended countermeasures must be reported and completed by the petitioner and documented for his/her application for driving relief. A petitioner is expected to complete the recommended countermeasures. If it is an ongoing countermeasure (such as support system attendance, abstinence, etc.), he/she is expected to follow those recommendations.

All items contained in 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. If more space is needed, please attach additional sheets. Before completing this evaluation, please review all previous evaluations, treatment summaries and the petitioner's last Denial Order from the Secretary of State (if applicable).

NOTE: Attach to this evaluation form a copy of the Alcohol/Drug Evaluation Uniform Report and any subsequent updated evaluations. If the updated evaluation is being completed by a treatment agency, a comprehensive discharge summary also must be submitted.

PERSONAL:

This Alcohol/Drug Evaluation Report Update 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:** _____

NOTE: Attach a copy of the petitioner's chronological alcohol and drug use history if one was not submitted with the Uniform Report.

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 since the last evaluation, 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. If the petitioner is abstinent from alcohol and all other drugs, report his/her reasons for becoming abstinent, abstinent date, length of abstinence, and your clinical impression of his/her ability to maintain abstinence.
2. Has the petitioner exhibited any impairments in significant life areas (social, legal, family, marital, physical, economic), and/or has he/she exhibited any alcohol/drug-related problems, **including but not limited to** blackouts, increased tolerance, loss of control, withdrawal symptoms, increased alcohol or drug use, and using substances to self-medicate chronic pain or symptoms of depression? **YES** **NO** Report frequency of each since the petitioner's last evaluation.
3. Report any current significant physical, medical, emotional/mental health or psychiatric problem(s) and participation in and/or completion of any treatment. A treatment discharge summary should be submitted for any treatment completed. A progress report should be submitted for any treatment not completed.
4. 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.

5. Review the information previously obtained regarding the petitioner's most recent DUI arrest or, **if not revoked for DUI**, the most recent alcohol/drug-related arrest. This should include, at a minimum, the time and day of the arrest, reason for arrest, type and amount of alcohol or drugs consumed over what time period, petitioner's perception of the effect of the alcohol and/or drugs consumed, and any chemical test results.

a. Time of first drink: _____ Time of last drink: _____ Time breath or chemical test given: _____
Total consumption metabolism time (from first drink until test given): _____

b. Does the BAC reading correlate with the amount of alcohol consumed, total consumption metabolism time and petitioner's body weight _____ at that time? **YES** **NO** Explain:

(This section is required for the first updated evaluation only).

6. Indicate any significant lifestyle changes, including employment, marital, social, family, economic, etc.

7. Identify the petitioner's current peer group and recreational activities.

8. If the petitioner is still using alcohol/drugs, what is his/her intent toward the future use of alcohol and/or drugs? Or, if the petitioner is abstinent, what is the petitioner's intent toward maintaining long-term abstinence?

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 DUI/alcohol/drug offender.

PRIOR DENIAL OF DRIVING RELIEF:

1. 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.
 - c. Provide a clear and complete explanation of why this additional information either changes or does not change the petitioner's classification and/or alters your clinical impression.
 - 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 mailing the application and related documents.**

EVALUATOR VERIFICATION (required):

I certify that I have accurately reported the data collected and required in order to complete the evaluation update.

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 update 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 Report Update 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: _____