



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Mail this form to: Secretary of State Department of Administrative Hearings Support Services Section 501 S. 2nd St., Room 212, Howlett Building Springfield, IL 62756 Phone: 217-782-7065 ilsos.gov

OPIATE SUBSTITUTION VERIFICATION FORM

TO BE COMPLETED BY THE PETITIONER:

Petitioner (please print):

Driver's License No.:

I, the undersigned, hereby affirm that my physician has prescribed an opiate substitute and that the following is correct:

- (1) My physician recommended an opiate substitute for my opiate dependence.
(2) Please check as appropriate:
I am stable while using the opiate substitute.

While I have prescription for an opiate substitute, as of the date below, I have not used any opiate substitute.

Petitioner's Signature

Signature Date

TO BE COMPLETED BY THE PHYSICIAN'S OFFICE:

Physician Name (please print):

Physician Address:

Physician Telephone:

Medical License Number/Specialty:

I, the undersigned, hereby affirm that I am the Petitioner's physician who recommended an opiate substitute for the Petitioner's opiate dependence and the following is correct:

- (1) The Petitioner has been stable on the opiate substitute since
(2) The Petitioner's use of an opiate substitute will not affect their ability to drive safely in the future.

Physician's Signature

Signature Date

TO BE COMPLETED BY THE PRIMARY SUBSTANCE ABUSE/ALCOHOLISM TREATMENT PROVIDER:

(This section must be completed only after completion of the first two sections.)

Counselor's Name (please print): _____

Agency Name: _____

Agency Address: _____

Agency Telephone: _____

Counselor's Treatment License #: _____

I, the undersigned, hereby affirm that I am the Petitioner's primary treatment provider and I am fully aware of the contents of the instant form and that the following is correct:

- (1) The Petitioner is currently classified by the evaluator as _____.
- (2) The Petitioner has successfully completed all treatment requirements and is not in need of further treatment.
- (3) The Petitioner's use of an opiate substitute will not affect their prognosis of alcohol-related arrests and the Petitioner's prognosis remains _____.

Counselor's Signature

Signature Date

PLEASE NOTE THE FOLLOWING:

If the Petitioner is currently using an opiate substitute at the time of the hearing, the completed form must be submitted at the time of hearing or the case will be continued in order to obtain this form.

All driving relief is contingent upon submission of said form at the hearing and failure to report use of any opiate substitute at the time of the hearing will result in denial of driving relief, unless the hearing officer reopens the record to submit this form.

Petitioners using an opiate substitute at the time of the hearing must demonstrate at least 12 months of stable use of an opiate substitute prior to the date of the hearing to obtain any driving relief.