

# DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



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

Additional forms may be obtained at  
[ilsos.gov](http://ilsos.gov)

A 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 if appearing in person for a hearing. If being submitted as part of a Non-Resident Out-of-State Hearing Application, the letters/forms must be signed and dated within 45 days of the postmark date. If additional space is needed, please use the back of this form.

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Petitioner's Name (type or print)

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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 believe 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