



OUT-OF-STATE RESIDENT REINSTATEMENT APPLICATION INSTITUTION

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

You must meet all of the following criteria before you can submit this application.

- 1) Your period of revocation has ended.
- 2) If your driving privilege is also suspended, the suspension period must have also ended.
- 3) If you have any traffic citations pending against you in a court of law, you must first resolve all court requirements.

You **may** obtain a copy of your 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.**

You must submit evidence of current residency such as voter registration, income tax return, mortgage contract, employment verification, utility and/or telephone bills, etc. 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. If you have a lifetime revocation or have not completed five years driving on a BAID multiple offender permit, please submit government identification of residency from your state of residence as well.**

If you changed your name, you must submit a copy of a **marriage certificate, divorce decree or court order** reflecting the name change.

FIRST SECTION TO BE FILLED OUT BY ALL PETITIONERS

NAME _____ DL# _____ DATE _____

ADDRESS _____

SEX _____ DOB _____ SS# _____

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

If yes, when are you moving to Illinois? _____

Do you 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: _____

Are you currently on probation or parole? **YES** _____ **NO** _____

If you have completed parole/probation within the past 12 months, you must submit a termination of supervision letter from the Department of Corrections.

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

Are you currently suspended or revoked in this or any other state? YES ___ NO ___

If so, where and for what? _____

Were you ever involved in an accident involving death or personal injury? YES ___ NO ___

If yes, explain: _____

Do you take any prescription medications or have any physical or mental conditions which would affect your ability to drive safely? YES ___ NO ___

If yes, please explain: _____

Note: You should report any physical or mental conditions to your state of residency when you apply for driving privileges.

What are your plans to be a safe and responsible driver in the future?

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.

Name _____ Date _____

SECOND SECTION ONLY TO BE FILLED OUT BY A PETITIONER WHOSE DRIVING PRIVILEGES ARE REVOKED OR SUSPENDED FOR DUI IN THIS OR ANY OTHER STATE:

List the state/date/BAC or refusal/court outcome of all DUIs in your past, if none, then write n/a:

State _____	Date _____	BAC/RF _____	Supervision _____	Conviction _____
State _____	Date _____	BAC/RF _____	Supervision _____	Conviction _____
State _____	Date _____	BAC/RF _____	Supervision _____	Conviction _____
State _____	Date _____	BAC/RF _____	Supervision _____	Conviction _____

Other states/dates (including dismissed DUI arrests): _____

How much alcohol/drugs did you consume over what period of time on you **last** DUI arrest?

What was your drinking and/or drug use pattern in the year prior to your last DUI arrest, if any?

What has been your drinking and/or drug use history since your last DUI arrest, if any?

If you are currently abstinent, when was your last use of alcohol/drugs? _____

Have you ever had a significant period of abstinence and relapsed to abusive drinking? _____

If so, how many, how long was the relapse and what were the reasons for relapse(s)? _____

Did you ever use illegal drugs or prescription medications? If so, specify type/frequency/ages:

Drug Name _____ Frequency _____ Ages _____

Drug Name _____ Frequency _____ Ages _____

Do you have any criminal arrests which do not appear on your driving record that are related to your use of alcohol and/or drugs? **YES**____ **NO**____

If yes, please specify type and age: _____

Have you experienced any of the following as a result of use of alcohol or drugs? (**Y or N**)

Did you ever set quantity or time limits on your use of alcohol or drugs and then exceed those limits or lose control of your use once you started consuming alcohol or drugs? _____

Did you ever try to cut back your drinking because you thought you had a problem (after treatment or self-help involvement), but then returned to abusing alcohol/drugs? _____

Did you ever spend an excessive amount of time (i.e. binge drinking for more than one day), effort(i.e. stealing or spend living expenses) or recovering from drinking (bad hangover)? _____

Did you ever crave using a substance to get through the day? _____

Did hangovers ever impair your work, home or school performance? _____

Did anyone ever complain about your use or did you get into fights when using? _____

Did you ever miss work, home or school duties due to your use? _____

Did you ever drive intoxicated on occasions other than your DUI arrests? _____

Did you ever use prescription drugs despite warnings not to use with alcohol/drugs or did alcohol or drugs make your mental or physical problems worse? _____

Did it ever take you more (or less) alcohol to achieve intoxication over time? _____

Did you ever have the shakes, tremors or mood swings when you stop drinking? _____

Do you consider yourself to be chemically dependent (in remission)? **YES**____ **NO**____

If not, do you think that you had a previous substance abuse problem? **YES**____ **NO**____

What was the cause of your dependency or substance abuse problem? _____

What life changes have you made to resolve your dependency or substance abuse problem?

Do you think that you need to remain completely abstinent from alcohol and/or drugs in the future and, if so, why?

If you have completed treatment please specify your **last** treatment experiences:

Detox days completed _____ discharge m/yr _____ successful y/n _____

Inpatient days completed _____ discharge m/yr _____ successful y/n _____

Outpatient hours completed _____ discharge m/yr _____ successful y/n _____

Remedial Education hours completed _____ discharge m/yr _____ successful y/n _____

Are you currently involved in a support program to maintain abstinence? **YES** ___ **NO** ___

If yes, what type of program? AA ___ NA ___ Church ___ Family/Friends ___ Other ___

How often do you meet to discuss topics relevant to your abstinence? _____

Do you work a 12-step program as part of your recovery program? **YES** ___ **NO** ___

If so, what step are you currently on? _____

Do you have a sponsor? **YES** ___ **NO** ___ If so, how frequent is contact? _____

Do you need to remain in the program to maintain abstinence for life? **YES** ___ **NO** ___

How does support program help you maintain your abstinence? _____

**THIRD SECTION MUST BE COMPLETED BY PETITIONER'S APPROVED EVALUATOR
ONLY IF THE PETITIONER HAS COMPLETED THE SECOND SECTION OF THIS FORM.**

NAME OF APPROVED EVALUATOR: _____

I HEREBY AUTHORIZE THE APPROVED EVALUATOR TO REVIEW MY RESPONSES IN THIS APPLICATION AND RELEASE TO THE ILLINOIS SECRETARY OF STATE ANY INFORMATION THAT IS PERTINENT TO MY ABILITY TO SAFELY OPERATE A MOTOR VEHICLE AND AUTHORIZE THE ILLINOIS SECRETARY OF STATE TO RELEASE TO THE APPROVED EVALUATOR ANY ACTIONS TAKEN ON MY ILLINOIS DRIVING RECORD BEFORE AND AFTER THE EVALUATION.

PETITIONER'S SIGNATURE: _____ **DATE:** _____

IN ACCORDANCE WITH ILLINOIS COMPILED STATUTE, THE ABOVE APPLICANT MUST UNDERGO AN EVALUATION TO DETERMINE WHETHER THE APPLICANTS CONDITION(S) AFFECTS OR IMPAIRS THEIR ABILITY TO SAFELY OPERATE A VEHICLE AND THE IL SOS MAY RELY ON YOUR OPINION REGARDING THIS APPLICANT. SINCE THE IL SOS USES YOUR EVALUATION FOR PUBLIC SAFETY REASONS, YOU SHOULD NOT BASE YOUR EVALUATION OR OPINION ON THE APPLICANT'S ASSERTED NEED OR DESIRE FOR LICENSE REINSTATEMENT. INSTEAD, YOU SHOULD BASE YOUR DECISION UPON THE RESPONSES TO QUESTIONS IN THE SECOND SECTION OF THIS FORM, AS WELL AS YOUR OWN INVESTIGATION INTO THE FACTS. AFTER YOUR EVALUATION OF THE PETITIONER'S SUBSTANCE USE HISTORY AND DSM V SYMPTOMS (CHECKED BELOW), IT IS YOUR OPINION THAT THE PETITIONER SHOULD BE CLASSIFIED:

NON-PROBLEMATIC USE (SOCIAL USE) _____

PROBLEMATIC USE (SUBSTANCE ABUSE) _____

SUBSTANCE DEPENDENCE (ADDICTION) _____

Alcohol and drugs are taken in larger amounts or over a longer period than intended: _____

A persistent desire or unsuccessful efforts to cut down or control alcohol or drug use: _____

A great deal of time is spent in activities necessary to obtain, use or recover from the effects of alcohol or drug use: _____

Craving, or a strong desire or urge to use alcohol or drugs: _____

Recurrent alcohol or drug use resulting in a failure to fulfill major role obligations at work, school or home: _____

Continued alcohol or drug use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or drug use: _____

Important social, occupational or recreational activities are given up or reduced because of alcohol or drug use: _____

Recurrent alcohol or drug use in situations in which it is physically hazardous: _____

Alcohol or drug 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 alcohol or drugs: _____

Tolerance: Either a need for markedly increased amounts of alcohol drugs to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of alcohol or drugs: _____

Withdrawal, as manifested by either the characteristic withdrawal syndrome for alcohol or drugs or alcohol or drugs are taken to relieve or avoid withdrawals: _____

IF DIAGNOSED NON-PROBLEMATIC USE: (0 to 1 DSM V symptoms)

THE PETITIONER HAS DOCUMENTED SUCCESSFUL COMPLETION OF ALL RECOMMENDED REMEDIAL EDUCATION. **YES** ___ **NO** ___

(Specify) _____

IF DIAGNOSED PROBLEMATIC USE: (2 to 3 DSM symptoms)

THE PETITIONER HAS DOCUMENTED SUCCESSFUL COMPLETION OF ALL RECOMMENDED REMEDIAL EDUCATION. **YES** ___ **NO** ___

(Specify) _____

THE PETITIONER HAS DOCUMENTED SUCCESSFUL COMPLETION OF ALL RECOMMENDED TREATMENT. **YES** ___ **NO** ___

(Specify) _____

IF DIAGNOSED DEPENDENT : (4 or more DSM symptoms)

THE PETITIONER HAS DOCUMENTED SUCCESSFUL COMPLETION OF ALL RECOMMENDED TREATMENT. **YES** ___ **NO** ___

(Specify) _____

I HAVE INTERVIEWED THREE MEMBERS OF PETITIONER'S SUPPORT PROGRAM AND THREE OTHER CLOSE ASSOCIATES TO CONFIRM THAT THE PETITIONER IS CURRENTLY INVOLVED IN A SUPPORT PROGRAM AND ABSTINENT AS REPORTED IN THE SECOND SECTION. **YES** ___ **NO** ___

FOR ALL THREE CLASSIFICATIONS:

IT IS MY OPINION THAT THE CAUSE(S) OF THE PETITIONER'S DUI ARREST(S) HAS/HAVE BEEN ADEQUATELY ADDRESSED AND THE PETITIONER IS REMISSION. **YES**____ **NO**____

IF NOT IN REMISSION, PLEASE INDICATE WHAT FURTHER INTERVENTION IS NECESSARY FOR REMISSION:

HAS THE PETITIONER RECEIVED ANY VIOLATIONS OF THE BAIID DEVICE WHICH WERE NOT ACCEPTED BY THE BAIID DIVISION? **YES**____ **NO**____

IF SO, PLEASE LIST DATES AND TIMES BELOW AND THEN ATTACH A LETTER ON YOUR LETTERHEAD EXPLAINING WHETHER OR NOT THEY EFFECT YOUR DIAGNOSIS, PROGNOSIS OR NEED FOR FURTHER TREATMENT.

HAS THE PETITIONER BEEN DENIED DRIVING RELIEF AT ANY PRIOR HEARING? **YES**____ **NO**____

IF SO, PLEASE ATTACH A RESPONSE TO EACH AND EVERY ISSUE RAISED BY THE HEARING OFFICER AT THE PRIOR HEARING.

EVALUATORS NAME, ADDRESS, LICENSE NUMBER AND SIGNATURE VERIFYING ACCURACY:

EVALUATOR'S SIGNATURE: _____

BEGINNING DATE OF EVALUATION: _____

ENDING DATE OF EVALUATION: _____