

ILLINOIS 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:

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).

If your agency only completed a Treatment Needs Assessment (TNA), early intervention or continuing care, your agency may not complete the Alcohol/Drug Evaluation Report Update (a new Uniform Report must be submitted).

This petitioner's case file transferred to this agency on ___/___/___/ from _____

YES NO

My agency completed the original Alcohol/Drug Evaluation Uniform Report on ___/___/___/.

YES NO

My agency provided primary alcohol/drug-related treatment to this petitioner on ___/___/___/.

YES NO

(Discharge Date)

If you answered yes to any of the last three statements, your agency may conduct the Alcohol/Drug Evaluation Update.

This document shall report the nature and extent of the petitioner's use of alcohol and other drugs from the time period from 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 provided should be typed, as illegible documents will delay the application process or result in the denial of petitioner's application. If more space is needed, attach additional sheets. Before completing this evaluation, review all previous evaluations, treatment summaries and the petitioner's last Denial Order from the Secretary of State (if applicable).

NOTE: If not previously submitted, attach a copy of the Alcohol/Drug Evaluation Uniform Report, any subsequent Alcohol/Drug Evaluation Update and a copy of the petitioner's chronological alcohol and drug use history. If the Alcohol/Drug Evaluation Update 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: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Home Telephone Number: ()	Work Telephone Number: ()

Beginning Date of Evaluation: _____ **Completion Date of Evaluation:** _____

Instructions: All items under the following sections must be answered. If more space is needed, attach additional sheets. When including any direct-quote statements, identify them with appropriate quotation marks. **This evaluation covers the time between the petitioner's last evaluation through the completion date of this Alcohol/Drug Evaluation Update.**

ALCOHOL/DRUG USE HISTORY:

1. Since the petitioner's last evaluation, report any periods of abstinence from alcohol, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent, report petitioner's abstinent date _____.

What is your clinical impression on the petitioner's ability to maintain abstinence from alcohol?

Since the petitioner's last evaluation, has he/she become intoxicated while using alcohol? YES NO
If yes, how many times: _____

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:
 slightly intoxicated, moderately intoxicated or heavily intoxicated?

On the occasions the petitioner became intoxicated, how much alcohol was typically consumed and over what time period?

2. Since the petitioner's last evaluation, report any periods of abstinence from substances other than alcohol. Identify the substance used, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent from all substances (excluding alcohol), report petitioner's abstinent date _____.

What is your clinical impression on the petitioner's ability to maintain abstinence from illicit drug use?

Since the petitioner's last evaluation, has he/she become intoxicated while using substances other than alcohol?
 YES NO If yes, how many times: _____

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:
 slightly intoxicated, moderately intoxicated or heavily intoxicated?

On the occasions the petitioner became intoxicated, how much of the substance(s) were typically used and over what time period?

3. Since the petitioner's last evaluation, did he/she concurrently use alcohol and other substances? **YES** **NO**
If yes, explain:
4. If the petitioner has used alcohol and/or drugs since his/her last evaluation, describe the petitioner's drinking and drug use pattern since the last evaluation, including frequency, type, amount, duration of said pattern, and report frequency of intoxications.
5. Since the petitioner's last evaluation, has he/she 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.
6. Report any current significant physical, medical, emotional/mental health or psychiatric problem(s) and participation in and/or completion of any treatment not previously reported or which has occurred since the last evaluation. A treatment discharge summary should be submitted for any treatment completed. A progress report should be submitted for any treatment not completed. The petitioner will be informed whether a Medical Report Form is required.

7. 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. Petitioner will be informed whether a Medical Report Form is required.

Section 8 (a-d) is required for the first update evaluation only.

8. 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 date 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. Date of offense: _____ Type of offense: _____

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

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

d. Type of substance used (other than alcohol): _____ Amount of substance used: _____ Time period substance was used: _____
Last time substance used before the alcohol- or drug-related arrest: _____

9. Indicate any significant lifestyle changes, including employment, marital, social, family, economic, etc., if applicable.

10. Identify current peer group and recreational activities, if applicable.

11. 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?

12. If the petitioner is "**Alcoholic/Chemically Dependent,**" identify his/her support system, frequency of contacts with other members, duration of current attendance, petitioner's intent to continue with this support system, and the evaluator/treatment provider's impression as to whether this support system is sufficient to maintain long-term abstinence.

13. Report any alcohol/drug-related arrests not previously reported or which have occurred since the last evaluation, in any state, including felonies, misdemeanors, petty offenses and local ordinance violations since the petitioner's last evaluation, including the name of the offense(s), where and when it occurred, disposition of the offense(s), and whether the petitioner is on probation or parole regarding the offense(s).

CORROBORATION:

Interview with a Significant Other — May be a family member, friend, employer, parent/guardian, etc. The summary should include, but not be limited to, the following information: significant other's name, age and relationship to the petitioner; how long he/she has known the petitioner; how often he/she sees the petitioner, how long he/she has maintained his/her present level of contact with the petitioner, his/her perception of the petitioner's current alcohol or other drug use pattern and/or abstinence; and whether he/she can verify the duration of the petitioner's current alcohol use or other drug use and/or abstinence. Discuss how corroborative information from the interview either correlates or does not correlate with the information obtained from the DUI/alcohol/drug offender. **This interview requirement cannot be waived and must be conducted in every updated alcohol/drug evaluation completed.**

PRIOR DENIAL OF DRIVING RELIEF:

Complete items a, b, c, and d **only** if the petitioner has been denied driving relief from a previous application.

The evaluator/treatment provider's response may be completed on agency letterhead and attached.

- a. The petitioner must submit to the evaluator/treatment provider his/her last Order and/or Letter 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 applying for driving relief.**

CLASSIFICATION:

This classification is based on the petitioner’s alcohol/drug-related driving arrests, criminal arrests and symptoms of alcohol/drug abuse/dependency. **Any reclassification to a higher classification requires referral to a licensed treatment provider to assess the petitioner’s current need for treatment.**

Current Classification:

- Minimal Risk
- Moderate Risk
- Significant Risk
- High-Risk Non-Dependent
- High-Risk Chemical Dependency
 - Active
 - In Remission

Previous Classification:

- Minimal Risk
- Moderate Risk
- Significant Risk
- High-Risk Non-Dependent
- High-Risk Chemical Dependency
 - Active
 - In Remission

Provide your rationale for selecting this classification, including an explanation if the classification appears to conflict with those symptoms or general indicators you have identified and described in this report.

1. **RECOMMENDATIONS:**

Report previous recommendations and when they were successfully completed.

- 2. Report any new or additional recommendations and provide a rationale for such recommendations. If “d” was completed under **PRIOR DENIAL OF DRIVING RELIEF, no response is necessary. Additional treatment hours must be completed and properly documented before applying for driving relief.**

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 be no more than six months old from the Completion Date of Evaluation found on page 1 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: _____