



DUI SERVICE PROVIDER ORIENTATION

DAY 3 Afternoon Session

SECRETARY OF STATE MOCK HEARING

The documents in this section are representative of a file submitted to the Secretary of State Hearing Officer and are for use during the Mock Hearing Portion of this training only. They are not necessarily correct or in the format preferred by the Secretary of State and/or IDHS/SUPR.



10 07 20

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

GE

01 OF 04

CONT LIC DATE	ISSUE DATE	BIRTH DATE
01' 10' 01	10' 24' 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5' 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02' 25' 21

TYPE ACTION	STOP IN EFFECT
99 CONVICTION ARR-DT 04-10-81 DISP-DT 05-04-81 OFFENSE 1 0601 03 TIC-NO=5814429 DOC LOC NO= IL-COURT=COOK - 4TH CMV=N HZ=N CDL=N SPEEDING 11-14 MPH ABOVE LIMIT	
99 CONVICTION ARR-DT 06-14-81 DISP-DT 08-27-81 OFFENSE 1 0601 05 TIC-NO=6076953 DOC LOC NO= IL-COURT=COOK - 4TH CMV=N HZ=N CDL=N SPEEDING 15-25 MPH ABOVE LIMIT	
99 CONVICTION ARR-DT 02-09-82 DISP-DT 03-16-82 OFFENSE 1 1204 00 TIC-NO=16031 DOC LOC NO= IL-COURT=DU PAGE CMV=N HZ=N CDL=N DISREGARDING STOP/YIELD SIGN AT INTERSECTION	
03 SUSPENSION EFF-DT 08-18-82 TERM-DT 08-18-88 OFFENSE 6 206 A2 3 OR MORE CONVICTIONS OF MOVING TRAFFIC VIOLATIONS IN A 12 MONTH PERIOD	NO
99 CONVICTION ARR-DT 03-28-82 DISP-DT 06-04-82 OFFENSE 1 0601 07 TIC-NO=16206 DOC LOC NO= IL-COURT=DU PAGE CMV=N HZ=N CDL=N SPEEDING OVER 25 MPH ABOVE LIMIT	
10 AMEND EFF-DT 08-18-82 TERM-DT 08-18-83 AMEND OF ORDER OF SUSPENSION	
99 CONVICTION ARR-DT 09-30-82 DISP-DT 11-05-82 OFFENSE 1 0601 07 TIC-NO=32150 DOC LOC NO= IL-COURT=DU PAGE CMV=N HZ=N CDL=N SPEEDING OVER 25 MPH ABOVE LIMIT	
35 EXTENSION EFF-DT 01-31-83 TERM-DT 08-18-88 OFFENSE 6 206 A11 EXTENSION OF SUSPENSION	NO
94 CONVICTION ARR-DT 09-27-82 DISP-DT 01-03-83 OFFENSE 6 303 A1 TIC-NO=17275 DOC LOC NO= IL-COURT=DU PAGE CMV=N HZ=N CDL=N DRIVING DURING A SUSPENSION/REVOICATION	
35 EXTENSION EFF-DT 03-28-83 TERM-DT 08-18-88 OFFENSE 6 303 B0 EXTENSION OF SUSPENSION	NO
94 CONVICTION ARR-DT 03-03-83 DISP-DT 06-20-83 OFFENSE 6 303 A1 TIC-NO=19028 DOC LOC NO= IL-COURT=DU PAGE CMV=N HZ=N CDL=N DRIVING DURING A SUSPENSION/REVOICATION	
35 EXTENSION EFF-DT 11-23-83 TERM-DT 08-18-88 OFFENSE 6 303 B0 EXTENSION OF SUSPENSION	NO

* This official record is received directly from the Secretary of State's Office via computer link-up system. This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Bessie White
SECRETARY OF STATE



SOS #3
12-1-20
A3

10 07 20

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

0 PAGE

02 OF 04

CONT LIC DATE	ISSUE DATE	BIRTH DATE
01 10 01	10 24 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02 25 21

TYPE ACTION

STOP IN EFFECT

94	CONVICTION	ARR-DT	10-13-84	DISP-DT	04-23-85	OFFENSE	6 303 A1					
	TIC-NO=47319	DOC LOC NO=				IL-COURT=DU PAGE						
	CMV=N HZ=N CDL=N											
	DRIVING DURING A SUSPENSION/REVOCATION											
35	EXTENSION	EFF-DT	05-08-85	TERM-DT	08-18-88	OFFENSE	6 303 B0					NO
	EXTENSION OF SUSPENSION											
94	CONVICTION	ARR-DT	10-13-84	DISP-DT	04-23-85	OFFENSE	1 0501 A2					
	TIC-NO=59707	DOC LOC NO=				IL-COURT=DU PAGE						
	CMV=N HZ=N CDL=N											
	DUI/ALCOHOL											
01	REVOCATION	EFF-DT	09-05-85	TERM-DT	01-15-91	OFFENSE	6 205 A2					NO
	OPERATING MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL											
94	CONVICTION	ARR-DT	07-31-85	DISP-DT	11-04-85	OFFENSE	6 303 A1					
	TIC-NO=25508	DOC LOC NO=				IL-COURT=DU PAGE						
	CMV=N HZ=N CDL=N											
	DRIVING DURING A SUSPENSION/REVOCATION											
35	EXTENSION	EFF-DT	12-10-85	TERM-DT	08-18-88	OFFENSE	6 303 B0					NO
	EXTENSION OF SUSPENSION											
94	CONVICTION	ARR-DT	04-29-88	DISP-DT	10-03-88	OFFENSE	6 303 A1					
	TIC-NO=8462	DOC LOC NO=				IL-COURT=DU PAGE						
	CMV=N HZ=N CDL=N											
	DRIVING DURING A SUSPENSION/REVOCATION											
34	EXTENSION	EFF-DT	10-19-88	TERM-DT	01-15-91							NO
	EXTENSION OF REVOCATION											
78	PERMIT	ISS-DT	01-09-90	EXP-DT	01-09-91	RDP-NO=	012098					
	RESTRICTED DRIVING PERMIT											
17	SUSPENSION	EFF-DT	07-25-91	TERM-DT	02-18-92	OFFENSE	1 0501 01					NO
	TIC-NO=7321628	ARR-DT	06-09-91	SUS-LGTH=06MO	BAC-LV=REFUSAL							
	IL COURT=COOK - 3RD											
	STATUTORY SUMMARY SUSPENSION/FAIL OR REFUSE ALCOHOL/DRUG TEST											
79	PERMIT	ISS-DT	11-04-91	EXP-DT	01-25-92	JDP-NO=	0067605					
	JUDICIAL DRIVING PERMIT											
94	CONVICTION	ARR-DT	06-22-92	DISP-DT	06-22-92	OFFENSE	6 303 A1					
	TIC-NO=2469432	DOC LOC NO=				IL-COURT=COOK - 3RD						
	CMV=N HZ=N CDL=N											
	DRIVING DURING A SUSPENSION/REVOCATION											
29	FTA CLEAR	EFF-DT	06-12-94	TERM-DT	06-15-94							
	TIC-NO=3876004	DOC LOC NO=				IL-COURT=COOK - 1ST						
	CLEARANCE OF FAILURE TO APPEAR SUSPENSION											

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Bessie White
SECRETARY OF STATE



PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

PAGE

03 OF 04

CONT LIC DATE	ISSUE DATE	BIRTH DATE
01 10 01	10 24 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02 25 21

TYPE ACTION

STOP IN EFFECT

99	CONVICTION	ARR-DT	04-23-98	DISP-DT	05-08-98	OFFENSE	2	0601	05			
	TIC-NO=97825		DOC LOC NO=		IL-COURT=DU		PAGE					
	CMV=N HZ=N CDL=N											
	SPEEDING 15-25 MPH ABOVE LIMIT											
99	CONVICTION	ARR-DT	10-13-01	DISP-DT	11-16-01	OFFENSE	1	0601	09			
	TIC-NO=64899		DOC LOC NO=		IL-COURT=DU		PAGE					
	CMV=N HZ=N CDL=N											
	SPEEDING OVER 29 MPH ABOVE LIMIT											
99	CONVICTION	ARR-DT	10-29-01	DISP-DT	11-30-01	OFFENSE	2	0601	03			
	TIC-NO=178227		DOC LOC NO=		IL-COURT=DU		PAGE					
	CMV=N HZ=N CDL=N											
	SPEEDING 11-14 MPH ABOVE LIMIT											
99	CONVICTION	ARR-DT	01-26-02	DISP-DT	02-15-02	OFFENSE	1	1204	00			
	TIC-NO=71002		DOC LOC NO=		IL-COURT=LAKE							
	CMV=N HZ=N CDL=N											
	DISREGARDING STOP/YIELD SIGN AT INTERSECTION											
03	SUSPENSION	EFF-DT	06-30-02	TERM-DT	12-30-02	OFFENSE	6	206	A2			
	3 OR MORE CONVICTIONS OF MOVING TRAFFIC VIOLATIONS IN A 12 MONTH PERIOD											
87	CONVICTION	EFF-DT	10-15-10	DISP-DT	11-05-10	NATIVE OFF	1029					
	TIC-NO=		DOC LOC NO= 10309T01050		STATE-JUR=MO							
	ACD-OFF=S92 COURT=MUN CMV=N HZ=N CDL=N ACC-INV=N											
	SPEEDING - SPEED LIMIT AND ACTUAL SPEED DETAIL REQUIRED											
17	SUSPENSION	EFF-DT	07-14-14	TERM-DT	01-14-15	OFFENSE	1	0501	01			
	TIC-NO=14982664		ARR-DT 05-29-14		SUS-LGTH=06MO		BAC-LV=12					
	IL COURT=DU PAGE											
	STATUTORY SUMMARY SUSPENSION/FAIL OR REFUSE ALCOHOL/DRUG TEST											
MP	PERMIT	ISS-DT	08-13-14	EXP-DT	01-14-15	MDDP-NO	0047306					
	MONITORING DEVICE DRIVING PERMIT FOR 1ST OFFENDER SSS BAIID REQUIRED											
99	CONVICTION	ARR-DT	05-29-14	DISP-DT	05-18-15	OFFENSE	2	0503	00			
	TIC-NO=1414982664		DOC LOC NO=		IL-COURT=DU		PAGE					
	CMV=N HZ=N CDL=N											
	RECKLESS DRIVING											
71		ISS-DT	02-09-17	EXP-DT	05-10-17	PERMIT-NO	LD3472					
65	DL/ID DATA	ISS-DT	02-09-17	EXP-DT	02-25-21	CLASS	D*					
	TYPE=ORIGINAL DL											
	DRIVERS LICENSE ISSUED											
71		ISS-DT	10-24-17	EXP-DT	01-22-18	PERMIT-NO						

NO

NO

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Besse White
 SECRETARY OF STATE



COURT PURPOSES

-0 05500

10 07 20

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE CHANGES IDENTIFIED ABOVE

0 PAGE

04 OF 04

CONT LIC DATE	ISSUE DATE	BIRTH DATE
01 10 01	10 24 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02 25 21

TYPE ACTION

STOP IN EFFECT

20 RESCIND RES-DT 12-15-17 SANC-DT 12-06-17 TIC-NO= 1729474187
 STATUTORY SUMMARY SUSPENSION RESCINDED

55 REMEDIAL ARR-DT 10-21-17 SUP-DT 08-19-19
 TIC-NO=1729474187 IL COURT=DU PAGE CMV=N HZ=N CDL=N
 REFERRAL TO REMEDIAL OR REHABILITATION PROGRAM

94 CONVICTION ARR-DT 10-21-17 DISP-DT 08-19-19 OFFENSE 2 0501 A2
 TIC-NO=1729474187 DOC LOC NO= IL-COURT=DU PAGE
 CMV=N HZ=N CDL=N
 DUI/ALCOHOL

01 REVOCATION EFF-DT 08-31-19 ELIG-DT 08-22-20 OFFENSE 6 205 A2
 OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE

47 SR22 REQ DATE 08-31-19 REVOCATION
 FINANCIAL RESPONSIBILITY INSURANCE REQUIRED

55 SUPERVISION ARR-DT 06-09-91 SUP-DT 01-27-93 OFFENSE 1 0501 A2
 TIC-NO=7321628 IL COURT=COOK 3RD CMV=N HZ=N CDL=N
 DUI/ALCOHOL

YES

REVOCATION WAS IN EFFECT ON 10-07-2020

* END OF RECORD *

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Bessie White
SECRETARY OF STATE



10 07 20

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

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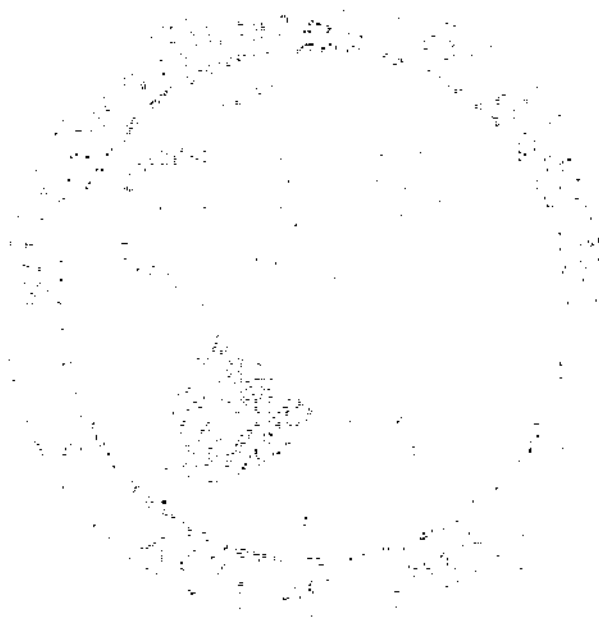
CONT LIC DATE	ISSUE DATE	BIRTH DATE
01' 10' 01	10' 24' 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5' 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02' 25' 21

TYPE ACTION

STOP IN EFFECT

REVOCATION WAS IN EFFECT ON 10-07-2020
 * END OF RECORD *



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Bessie White
 SECRETARY OF STATE



SUPERVISION

0 05500

10 07 20

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

- 0

CONT LIC DATE	ISSUE DATE	BIRTH DATE
01' 10' 01	10' 24' 17	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
M	5' 06	190	GRAY	GRN	Y	N	2	D		X	NONE	02' 25' 21

TYPE ACTION

STOP IN EFFECT

THIS ADDITIONAL SUPERVISION INFORMATION IS BEING PROVIDED IN ACCORDANCE WITH SECTION 6-204 OF THE ILLINOIS VEHICLE CODE AND IS SUBJECT TO THE LIMITATIONS CONTAINED THEREIN.

NO SUPERVISIONS ON RECORD
* END OF RECORD *

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Renee White
SECRETARY OF STATE



SEX	BIRTHDATE	PROCESS DATE	CONTROL CODE	
M	02/25/64	12/10/20	AH@IFM	
COUNTY	HEIGHT	WEIGHT	HAIR	EYES
022	5 06	190	GRAY	GRN
SOCIAL SECURITY NO.				

DU PAGE

MC: X R-D *****-NONE

PAGE	ISSUE DATE	DOC CTRL NO	T/A	T/L	CLASS	RESTR	EXPIRATION DATE	EC	EXAM DATE	RECORD CODE	HIGH SCH	DR	S.CIT DATE					
RSD. CNT		R & I NO.							MO	YR	RN	N/A	STP	HDF	CODE	SD	MO	YR
01 OF 02 063	10:24:17	251LD3898	B	2	D*		02:25:21	00	02	17	0	0	1	4	0223	Y+9		
									CLIC	01-10-01	A/D		12-01-20					

SSA:V AV: Y DDL:Y SD:X V: N VA: N SBC: SBE: PDPS: Y PROT: 0 O/D: NO UNK
 CDLIS:N PV:X F:U M:U L:U SAVE:X

LN. NO.	TYPE ACTION	ARREST EFFECTIVE ISSUE DATE	CONVICTION TERMINATION EXPIRATION DATE	AUTHORITY SECTION DOC. CTRL NO. TEST RES.	PTS	TICKET / DOCKET NO.	ACTION REFERENCE INFORMATION	COURT	ROLL & IMAGE NO. SERIAL NO. DOC. CTRL. NO.	STOP EFF.
001	99	04-10-81 000	05-04-81 DETAIL:	1 0601 03	15	5814429	C=X H=X CDL=X	10004	81012201899	
002	99	06-14-81 000	08-27-81 DETAIL:	1 0601 05	20	6076953	C=X H=X CDL=X	10004	81020203993	
003	99	02-09-82 000	03-16-82 DETAIL:	1 1204 00	20	16031	C=X H=X CDL=X	40022	82010603706	
004	03	08-18-82	08-18-88	6 206 A2		PROJ-TERM	11-18-82 R-C	05	82100501360	0
005	99	03-28-82 000	06-04-82 DETAIL:	1 0601 07	50	16206	C=X H=X CDL=X	40022	82015204424	
006	10	08-18-82	6 206 A2	TERM		08-18-83	RC 30-05-36	01360	82071401195	
007	99	09-30-82 000	11-05-82 DETAIL:	1 0601 07	50	32150	C=X H=X CDL=X	40022	83000904452	
008	35	01-31-83	08-18-88	6 206A11		EXT-TERM	08-18-84	01360	83002000699	0
009	94	09-27-82 000	01-03-83 DETAIL:	6 303 A1		17275	C=X H=X CDL=X	40022	83005100900	
010	35	03-28-83	08-18-88	6 303 B0		EXT-TERM	08-18-85	01360	83005505332	0
011	94	03-03-83 000	06-20-83 DETAIL:	6 303 A1		19028	C=X H=X CDL=X	40022	83019302327	
012	35	11-23-83	08-18-88	6 303 B0		EXT-TERM	08-18-86	01360	83019601639	0
013	32	01-20-84					RC 74		61056	
014	94	10-13-84 000	04-23-85 DETAIL:	6 303 A1		47319	C=X H=X CDL=X	40022	85009102840	A
015	35	05-08-85	08-18-88	6 303 B0		EXT-TERM	08-18-87	01360	85500000756	0A
016	94	10-13-84 000	04-23-85 DETAIL:	1 0501 A2		59707	C=X H=X CDL=X	40022	85081900703	B
017	01	09-05-85	01-15-91	6 205 A2		EL 09-05-86	FP 01-15-91 R-C	10-03	85081900703	0B
018	94	07-31-85 000	11-04-85 DETAIL:	6 303 A1		25508	C=X H=X CDL=X	40022	85025702208	C
019	35	12-10-85	08-18-88	6 303 B0		EXT-TERM	08-18-88	01360	85500200443	0C
020	94	04-29-88 000	10-03-88 DETAIL:	6 303 A1		8462	C=X H=X CDL=X	40022	88TR0059599	D
021	34	10-19-88	01-15-91			PROJ-ELIG	10-03-89		88131800498	0D
022	55	10-24-89					RC 21		64056	
023	55	10-02-85					RC 21		64056	
024	78	01-09-90	01-09-91			NOT BAIID	012098 R-C 11-52		90001100018	
025	55	12-07-90					RC 21		64056	
026	74		01-15-91			\$60 PAID	01-15-91		91001103292	
027	17	07-25-91 TD	02-18-92 06-09-91	1 050101		7321628	PROV 02-18-92	10003	91172500686	0
028	79	11-04-91	01-25-92	JF0067605		7321628	RF 00 CDL=U			
029	57	07-25-91	02-18-92	1 0501 01			CC:263954	10003	91211100927	
							\$60 PAID RC 09		92002605292	0
030	94	06-22-92 000	06-22-92 DETAIL:	6 303 A1		7321628 2469432		10003	92015703676	
031	29	06-12-94	06-15-94			3876004	C=U H=U CDL=U R-C29	10001	305000010	
032	99	04-23-98 000	05-08-98 DETAIL:	2 0601 05	20	97825	FEE PROC 01-30-96 C=U H=U CDL=U	40022	98TR0056399	

Handwritten signature and date: SOG/H 9/20/21

SEX	BIRTHDATE	PROCESS DATE	CONTROL CODE		
M	02/25/64	12/10/20	AH@IFM		
COUNTY	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NO
022	5 06	190	GRAY	GRN	7

DU PAGE

MC: X R-D *****-NONE

PAGE	ISSUE DATE	DOC CTRL NO	T/A	TL	CLASS	RESTR	EXPIRATION DATE	EC	EXAM DATE	RECORD CODE	HIGH SCH	DR	S CIT DATE				
RSD CNT		R & I NO.							MO	YR	RN	N/A	STP HDR	CODE	SD	MO	YR
02 OF 02 063	10:24:17	251LD3898	B	2	D*		02:25:21 00		02	17	0	0	1 4	0223	Y+9		
									CLIC	01-10-01	A/D		12-01-20				

SSA:V AV: Y DDL:Y SD:X V: N VA: N SBC: SBE: PDPS: Y PROT: 0 O/D: NO UNK
 CDLIS:N PV:X F:U M:U L:U SAVE:X

LN. NO.	TYPE ACTION	ARREST EFFECTIVE ISSUE DATE	CONVICTION TERMINATION EXPIRATION DATE	AUTHORITY SECTION DOC. CTRL NO. TEST RES.	PTS	TICKET/ DOCKET NO.	ACTION REFERENCE INFORMATION	COURT	ROLL & IMAGE NO. SERIAL NO. DOC. CTRL. NO.	STOP EFF.
033	99	10-13-01	11-16-01	1 0601 09	50	64899		40022	01TR0150127	E
		000	DETAIL:				C=U H=U CDL=U			
034	99	10-29-01	11-30-01	2 0601 03	15	178227		40022	01TR0156332	E
		000	DETAIL:				C=U H=U CDL=U			
035	99	01-26-02	02-15-02	1 1204 00	20	71002		40049	02005701122	E
		000	DETAIL:				C=N H=N CDL=N			
036	03	06-30-02	12-30-02	6 206 A2		PROJ-TERM	12-30-02 R-C	05	02090100107	0E
037	73	02-25-05				USED	12-30-02 FEE 02-25-05		251000006	
038	87	10-15-10	11-05-10	S92	10	10309T01050	MUN MO		1029	E
		000	DETAIL: 70086				C=N H=N CDL=N		00000	
039	65	02-25-09	02-25-13			00 R-6-1	C-D* E-***** R-NONE		251LD6540	
040	65	02-23-13	PP*****			00 R-C-1	C-D* E-***** R-F		251LD9620	
041	17	07-14-14	01-14-15	1 050101		14982664	PROV 01-14-15	40022	14171600430	0
		TD	05-29-14	ND 05-29-14	14	06MO	BAC 12 CDL=N			
042	MP	08-13-14	01-14-15	MP0047306		14982664	MP ORIG 0002	40022	14560004706	
043	57	07-14-14	12-22-14	1 0501 01			\$500 PAID RC 09		30011153843	0
			TIC:			14982664		40022		
044	99	05-29-14	05-18-15	2 0503 00	55	1414982664		40022	14DT0001378	
		000	DETAIL:				C=N H=N CDL=N			
045	65	02-23-13	02-25-17			00 R-C-1	C-D* E-***** R-F		251LD9620	
046	65	04-08-16	02-25-17			00 R-B-2	C-D* E-***** R-F		251LD5290	
047	65	02-09-17	PPP*****			00 R-6-1	C-D* E-***** R-NONE		251LD3472	
048	71	02-09-17	05-10-17			CI ORIG	LD3472 R-C	66	251713472	
049	65	02-09-17	02-25-21			00 R-6-1	C-D* E-***** R-NONE		251LD3472	
050	71	10-24-17	01-22-18			CI ORIG	R-C	66	251713898	
051	20	12-15-17				1729474187	S/S 12-06-17	RC17-07-12	17117600892	
052	11	12-20-17				LOAD-DT	12-18-17 RC	09	30019085843	
053	55	10-21-17	08-19-19	N2 0501 A2N		1729474187	RC	07N 022	17DF0002571	
054	94	10-21-17	08-19-19	2 0501 A2		1729474187		40022	17DT0002571	F
		000	DETAIL:				C=N H=N CDL=N			
055	11	08-22-19				REA-CD-DT	08-22-19 RC	19	19081100215	
056	01	08-31-19		6 205 A2		PROJ ELIG	08-22-20 R-C	10-03	19081100302	9F
057	47	08-31-19				REV	RC	01	19081100302	
058	13	09-14-20					RC	12-20-61	30025801355	
059	61	09-18-20				DRVER-FAM	RC	01	00000	
060	55	06-09-91	01-27-93	N1 0501 A2N		7321628	RC	01N 203	30025940085	
061	11	10-13-20				AH CPY WK	10-01-20 RC	0194	30026048739	
062	11	10-15-20				AH CPY WK	10-09-20 RC	0194	30026069731	
063	40	12-01-20		6 205 A2					64056	



IL DLN: 180010750000 INQUIRY DATA RACF ID: AH@JPS DATE: 12/02/2020
NAME: C DOB: SS#:

IL DLN: (RESPONSE DETAILS RACF ID: AH@JPS DATE: 12/02/2020
CDLIS INQ STAT: NO MATCHES PDPS INQ STAT: NO MATCHES



LAW ENFORCEMENT SWORN REPORT

Circuit Court, COOK County, 3RD Municipal District

Case no. 10003

DUI TRAFFIC CITATION NO.
DUI TEST NO.

NAME LAST FIRST MIDDLE

CDL DRIVER'S LICENSE NUMBER STATE IL

OPERATING: Commercial Motor Vehicle Placarded Haz. Mat. Vehicle

CITY STATE Mt. 02-25-64

ARREST DATE 06/09/91 CITY AND/OR COUNTY OF ARREST COOK

SEX DATE OF BIRTH NOTICE OF SUMMARY SUSPENSION GIVEN ON 06/09/91

PLACE OF REFUSAL OR LOCATION OF TEST(S) ROLLING MEADOWS PD REF. OR TEST DATE 06/09/91 7:32 PM

THE SUSPENSION SHALL TAKE EFFECT ON THE 46th DAY FOLLOWING ISSUANCE OF THIS NOTICE OF SUMMARY SUSPENSION. SUBSEQUENT TO AN ARREST FOR VIOLATING SECTION 11-501 OF THE ILLINOIS VEHICLE CODE, OR A SIMILAR PROVISION OF A LOCAL ORDINANCE, YOU ARE HEREBY NOTIFIED that on the date shown above you were asked to submit to a chemical test(s) to determine the alcohol, other drug, or combination thereof content of your blood and warned of the consequences pursuant to Section 11-501.3 of The Illinois Vehicle Code.

- Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 6 months.
 Because you submitted to testing conducted pursuant to Section 11-501.2 which disclosed:
- an alcohol concentration of _____, which is 0.10 or more;
- any amount of a drug, substance, or compound in your blood or urine resulting from the unlawful use or consumption of a narcotic listed in the Cannabis Control Act or a controlled substance listed in the Illinois Controlled Substances Act, your driving privileges will be suspended for a minimum of 3 months.

*NOTE: If it is determined that you are not a "first offender", as defined in Section 11-500 of The Illinois Vehicle Code and you refused to submit to, or failed to complete, all requested chemical testing, the period of suspension will be a minimum of 2 years. If you submitted to chemical testing which resulted in an alcohol concentration of 0.10 or more, the period of suspension will be a minimum of one year.

Driver's license surrendered? Yes No; Reason _____
Driver's license valid at time of arrest? Yes (Sign receipt) No (Void receipt)

I have complied with Section 11-501.1 by having reasonable grounds to believe the arrested was in violation of Section 11-501 or a similar provision of a local ordinance: (Explain) SUBJECT WAS INVOLVED IN AN ACCIDENT, WAS WALKING IN ROADWAY, SREAMING, CRYING, STRONG ODOR OF ALCOHOLIC BEVERAGE ON BREATH, SPEECH SLURRED, EYES BLOODSHOT, FAILED FIELD SOBRIETY TESTS

Pursuant to Section 11-501.1 of The Illinois Vehicle Code I have:
 Served immediate notice of summary suspension of driving privileges on the above named person
 Given notice of summary suspension of driving privileges to the above named person by depositing in the United States mail a notice of suspension with a postpaid prepaid addressed to said person at the address as shown on the Uniform Traffic Ticket

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

SIGNATURE OF ARRESTING OFFICER TPR R.A. Huber IDENTIFYING NO. 3700

LAW ENFORCEMENT AGENCY DIST 3 ISP DATE 06/09/91

LAW ENFORCEMENT SWORN REPORT

Circuit Court, DePue County, 1st Municipal District

Case Number _____

ILLINOIS VEHICLE CODE 11-501.1	01A2) <u>10464</u>
11-401 Citation No.	DUI TRAFFIC CITATION NO. (OTHER)

Name _____
Last First Middle

CDL holder

Driver's License Number				State
[REDACTED]				IL

City & State Wood Dale / DePue

City & State _____

Sex _____ Date of Birth 2-25-64

Notice of Summary Suspension/Revocation Given On 5, 29, 14

City and/or County of Arrest Wood Dale / DePue

Arrest Date 5, 29, 14, 9:52 a.m. / p.m.

Place of Refusal or Location of Test(s) WDPD

Refusal or Test Date 5, 29, 14, 10:47 a.m. / p.m.

The suspension/revocation shall take effect on the 46th day following issuance of this notice. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance or Section 11-401 of the Illinois Vehicle Code, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug(s), intoxicating compound(s), or any combination thereof, content of your breath, blood, or urine and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension/revocation. You must file a petition to rescind your suspension/revocation within 90 days of the notice.

- Because you refused to submit to or failed to complete testing, your driving privileges will be suspended for a minimum of 12 months.*
- Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:
 - an alcohol concentration of .126, which is .08 or more; or
 - any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; your driving privileges will be suspended for a minimum of 6 months.*
- Because you refused to submit to or failed to complete testing and you were involved in a motor vehicle crash that caused Type A personal injury or death to another, your driving privileges will be revoked for a minimum of 12 months.

Driver's license surrendered? Yes No; Reason: _____

Driver's license valid at time of arrest? Yes (Sign receipt) No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance, or Section 11-401: (Explain) High rate of speed, improper lane usage, strong odor of alcoholic beverage on breath, slurred speech, red blood shot glassy eyes, poor results on FST's, .136 PBST

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:

- Served immediate Notice of Summary Suspension/Revocation of driving privileges on the above-named person.
- Given Notice of Summary Suspension/Revocation of driving privileges to the above-named person by depositing in the U.S. mail said notice in a prepaid postage envelope addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer _____ ID Number 111

Wood Dale Law Enforcement Agency Date 5, 29, 14 Month Day Year

State of Illinois
Department of Human Services

Alcohol and Drug Evaluation
Uniform Report

PART 1. OFFENDER INFORMATION

Offender Name:

IL Driver's License Number or State ID:

Other Valid Driver's License Number/State:

Home Address:

Addison, IL 60101

County of Residence:

DuPage

Citizenship:

USA Citizen

Telephone Number(s):

Date of Birth:

██████████

Age: 56

Gender:

Male

Race(s):

White

Hispanic Origin:

Not Hispanic

Primary Language:

English

Interpreter Services:

Services not needed

Marital Status:

Never Married

Education Level:

High school graduate or equivalency certificate

Employment Status:

Employed full time (unsubsidized)

Occupation:

Building Maintenance

Annual Household Income: \$0

Number of Dependents: 1

Physical or Mental Disability: NA

Religious Affiliation: Other

Emergency Contact Person:

Contact Telephone Number:

IMPORTANT NOTICE: The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301/1-1). Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois.

PART 2. CURRENT DUI ARREST INFORMATION

- 2.1 Referral Source: Court
- 2.2 Beginning Date of Evaluation: 11/16/2020
- 2.3 Completion Date of Evaluation: 11/24/2020
- 2.4 Date of Arrest: 10/21/2017
- 2.5 Time of Arrest: 06:59 PM
- 2.6 County of Arrest: DuPage
- 2.7 Blood-Alcohol Concentration (BAC) at Time of Arrest: RT
- 2.8 Results of Blood and/or Urine Testing:
Not Applicable

2.9 Specify up to five mood altering substances (alcohol/drugs) consumed which led to this DUI arrest (in order of most to least).

Alcohol

2.10 Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

He consumed 12-14 oz. of alcohol over 3 hours. His weight was 200 lbs. He felt intoxicated

2.11 Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain.

He refused testing.

PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY

3.1 Prior DUI dispositions including boating and snowmobiling (list chronologically, from first arrest to most recent, and include out-of- state arrests):

Date of Arrest	Date of Conviction or Court Supervision	BAC
10/13/1984	04/23/1985	UK

(Additional dispositions should be listed in an addendum to the Uniform Report)

3.2 Prior statutory summary or implied consent suspension (may have same arrest date of DUIs listed above):

Date of Arrest	Effective Date of Suspension	BAC
06/09/1991	07/25/1991	RT

(Additional dispositions should be listed in an addendum to the Uniform Report)

3.3 Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):

Date of Arrest	Date of Conviction	BAC
05/29/2014	05/18/2015	.12

(Additional dispositions should be listed in an addendum to the Uniform Report)

3.4 Other alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or indicated on the driving record (including out-of-state dispositions).

Zero Tolerance		Illegal Transportation	
Date of Arrest	Effective Date of Suspension	Date of Arrest	Date of Conviction
Not Applicable		Not Applicable	

PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY (continued)

3.5 Describe any discrepancies between information reported by the offender and information on the driving record.

Not Applicable

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.1	Alcohol/Drug	Age of First Use	Age of First Intoxication	Age of Regular Use	Year of Last Use
	Alcohol	18	18	18	2019
	Marijuana	18	18	18	1988

Chronological History Narrative:

Alcohol: First Use: 1982

Years: 1982-06/09/1991: Amount 6-12 beers; Frequency: 1-2 times week

Years: 06/10/1991-08/17/2019: Amount: up to 6-14 beers/oz. of alcohol; Frequency: up to 2-3 times week

Years: 08/18/2019-Present: Abstinent

*** He had periods of abstinence prior to 8/18/2019; nothing lasting longer than 2-3 months

Cannabis:

Years: 1982-1988: amount 1 joint; Frequency: 1-2 times week

Diagnosis: Abuse

- 4.2 Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medications and whether he/she has ever illegally obtained prescription medication.

Not Applicable

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

- 4.3 Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

Not Applicable

- 4.4 Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

Not Applicable

- 4.5 List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions).

None

- 4.6 Identify the significant other and summarize the information obtained in the interview.

His friend, _____ was interviewed via phone. She has known _____ or about 7 years and sees him daily. She is aware of his DUI arrests. She verified that he has abstained from alcohol, and that he more responsible and dedicated since being sober. She has no concerns.

- 4.7 Provide the names, locations, and dates of any treatment programs reported by the offender.

75 hours of OP : _____ from 5/28/2020 to 7/13/2020. Currently in 12 months of continuing care beginning 7/15/2020. He has completed 5 sessions to date.

- 4.8 Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement.

He utilizes family and friends as support. He went to a couple of AA support meetings and did not feel comfortable there.

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.9 Has substance use/abuse negatively impacted the client's major life areas?

Impairments

Family

Family was worried about his drinking.

Marriage or significant other relationships

Not Applicable

Legal Status

4 DUI arrests

Socially

Not Applicable

Vocational/work

Not Applicable

Economic status

Costly DUI's, treatment, etc.

Physically/Health

Hangovers and increased tolerance.

PART 5. OBJECTIVE TEST INFORMATION

- 5.1 Mortimer/Filkins - Score: Category:

- 5.2 ASUDS-RI Risk Level Guidelines - Score: 3 Category: Significant

- 5.3 Driver Risk Inventory (DRI) Scales and Risk Ranges:
 - Validity Scale:
 - Alcohol Scale:
 - Driver Risk Scale:
 - Drugs Scale:
 - Stress Coping Abilities Scale:

PART 6. CRITERIA FOR SUBSTANCE USE DISORDER

6.1 Identify any Substance Use Disorder Criteria occurring within a 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission. One symptom will result in a Moderate Risk Level classification. Two or three symptoms will result in a Significant Risk classification. Four or more symptoms will result in a High Risk classification.

- Alcohol or drugs are taken in larger amounts or over a longer period than intended.
- There is 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 drugs.
- 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 or drugs to achieve intoxication or the 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.

6.2 If the offender meets Substance Use Disorder Criteria based on a past episode and is now assessed as being in remission, identify and describe the specifier that reflects the offender's current status.

Current Status: Sustained Remission

Abstinent from alcohol since 8/18/2019.

6.3 Has the offender ever met Substance Use Disorder Criteria by history but and is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria were met and why it is not clinically significant for the purposes of a current risk assessment. The explanation must include the length of time since the last episode, the total duration of the episode, and any need for continued evaluation or monitoring.

DSM 5 listed above noted including hangovers.

PART 7. OFFENDER BEHAVIOR

7.1 Were the offender's behavior and responses consistent, reliable, and non-evasive?

Yes

7.2 Identify indications of any significant physical, emotional/mental health, or psychiatric disorders.

None

7.3 Identify any special assistance provided to the offender in order to complete the evaluation.

None

7.4 Where was the offender interview conducted?

Licensed Site

PART 10. VERIFICATION

Licensed Site Information:

Name: _____

Address: _____

Telephone Number: _____

License Number: _____

Evaluator Name: _____

Evaluator Credentials: _____

Evaluator Verification:

Under penalty of perjury, I affirm that I have accurately summarized the data collected and required in order to complete this evaluation.

Signature: _____

Date: 11/24/2020

Offender Verification:

The information I have provided for this evaluation is true and correct. I have read the information contained in this Alcohol and Drug Evaluation and its recommendations have been explained.

Signature: _____

Date: 11-24-20

PART 11. DISPOSITION

This evaluation may only be released to the Illinois Circuit Court of venue or its court officials as specified by local court rules, to the Office of the Secretary of State, or to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery. Any other release requires the written consent of the DUI offender.

If this evaluation was prepared for the Circuit Court, send the signed original to the court in accordance with established local court rules or policy.

If this evaluation was prepared for the Secretary of State, give the signed original to the DUI offender so that it may be presented to the hearing officer at the time of the formal or informal hearing.

ILLINOIS PETITIONER TREATMENT VERIFICATION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

The rules of the Secretary of State's Department of Administrative Hearings require a petitioner to document completion of any recommended treatment or provide a treatment waiver as recommended in the Treatment Needs Assessment (TNA). This form may be completed and submitted for this purpose. If more space is needed, attach additional sheets.

Copies of the following documents must be attached to this form:

- 1) Individualized Treatment Plan
- 2) Discharge Summary
- 3) Continuing Care Plan
- 4) Continuing Care Status Report
- 5) Continuing Care Summary Report or Treatment Waiver

PETITIONER INFORMATION:

Name: (Last, First, Middle)		Illinois Driver's License Number:	
Address: (Street/City/State/ZIP)			
650 W ... Addison Illinois 60101			
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: [REDACTED]	Home Telephone Number: ()	Work Telephone Number: ()

- Referral Source: probation
- Admission Date: 5/28/2020 Discharge Date: 7/13/2020
(Primary treatment only, not follow-up/aftercare)
- Admission Diagnosis: F10.10 Alcohol Use Disorder Severe

Discharge Diagnosis: F10.10 Alcohol Use Disorder Severe

OR

TNA Date: _____ Diagnosis: _____

- Treatment Modality:
 - Outpatient counseling..... Number of hours completed: 75
 - Intensive outpatient counseling..... Number of hours completed: _____
 - Inpatient..... Number of days in inpatient treatment: _____
 - Individual therapy
 - Group therapy

*Pet #2
12-1-20
AB*

5. Prognosis after completing treatment and/or TNA. Must include a discussion of what the petitioner appears to have gained from treatment and whether it has substantially reduced the potential for future alcohol/drug-related problems.

_____ / successfully completed 75 hours of Outpatient Services via Zoom due to Covid-19. _____ made significant progress on his treatment plan goals. Throughout treatment, _____ y took accountability for his DUI and processed with group members the changes that have occurred from his DUI and life changes he has made throughout the process. _____ has been educated on the importance of a healthy support system. _____ implemented healthy coping skills in his daily life when faced with any life stressors. _____ prognosis for the future avoidance of substance related problems is GOOD.

6. Continuing Care Status:

- Petitioner has completed continuing care (summary report required).
- Petitioner is currently involved in a continuing care plan (status report required).
- Petitioner has completed a continuing care plan.
- Petitioner has not initiated continuing care.
- Continuing care waived (rationale required).
- Petitioner has initiated but failed to complete a continuing care plan for the following reason:
Pt will complete 12 months of continuing care.

7. Rationale for: a) any modification in the number of treatment hours or change in treatment modality as recommended by the petitioner's last evaluation; b) treatment waiver; or c) additional treatment recommendations as a result of the TNA.

None

If a petitioner classified as "High Risk" has been determined to be "Non-Dependent," a detailed explanation by the treatment provider as to why dependency was ruled out must be submitted.

I certify that I have accurately reported the data collected and required to complete the treatment verification. I also have attached copies of the petitioner's Individualized Treatment Plan, Discharge Summary, Continuing Care Plan, Continuing Care Status Report, and Continuing Care Summary Report or TNA.

Provider's Name (in print)	
Signature	Date: 9/18/2020
Provider's Title	Telephone Number
Program Name	Accreditation/License Number
Address: (Street/City/State/Zip)	



Treatment Plan/CSR

A

Samms

Run by:
PM

Client ID: S4076

Diagnostic Impression

Client Name:

DSMIV	Description	P/S
-------	-------------	-----

DOE:

Current Review Rate: 60 days

Take Home Justification: Level I

Current Order: -

Interpretive Summary

Pt. is a 56 year old male who is employed full time. Pt. is attending Outpatient Services due to High Risk DUI. Pt. has one daughter. Pt. is single, and recently broke up with his ex girlfriend who was who he reports having physical and emotional abuse from. Pt. stated he had to call the cops on her multiple times due to abuse, but she has finally moved out. Pt. reports his parents, sister, brother, uncles, all passed away and he only really has his daughter left of family around. Pt. stated he does not keep in contact with his friends that he use to anymore because he stopped drinking. Pt. stated he has his GED and has multiple certifications in pool operation, air conditioning, etc. Pt. stated LUD of alcohol in August 2019. Pt. is on probation with DuPage County. Pt. has been in DUI classes once before due to his DUI 15 years ago. Pt. reports no history of addiction or mental illness.

Education Summary

Educated on Risky behaviors, high risk situations, the importance of sober support. Pt. gave permission to attend services via telehealth.

Preferences

Evening Groups

Recs. In House Services N/A

Strengths

handy man

Needs In House Services N/A

Assistive Tech:

N/A

Recs. Alt. Services N/A

Abilities

able to fix things

Needs Alt. Services N/A

Individual Freq

As Needed

Group Freq 2x/week

See Electronic Record for Treatment Plan Detail

Reviews

Signatures

Action Type	Review On	Next Review On	Counselor	Supervisor	Doctor	Client
TP Created	5/29/20	07/27/20				
			5/28/2020	6/1/2020	6/1/2020	5/28/2020
Discharge	7/13/20	09/11/20				
			7/14/2020	8/12/2020	7/20/2020	7/14/2020

Treatment Plan/CSR

1/10/2020 5:04:55

PM

Dim	Date	Item
Dimension 4	05/28/20	<p>Problem: Pt is classified high risk for his second DUI</p> <p>Goal: Pt to identify the nature and history of his legal problems</p> <p>Objective</p> <p>Objective: Pt to identify and accept responsibility for the decisions that he made that resulted in legal problems without blaming others.</p> <p>Objective: Target Date: 7/28/2020</p> <p>Objective: Modality: Group</p> <p>Objective: Freq: weekly</p> <p>Objective: Provided By: F</p> <p>CSR Date:</p> <p>Problem:</p> <p>Progress and Recommendation:</p>
Dimension 4	07/15/20	<p>Problem: Problem: To attend CC for 12 months and to utilize what is learned in group in his daily life.</p> <p>In Own Words:</p> <p>Goal: Goal: To complete 12 months of CC and to make long-lasting lifestyle changes,</p> <p>In Own Words:</p> <p>Objective</p> <p>Objective: To share in group his lifestyle changes and to learn from other group members.</p> <p>Objective: Target Date: 12/15/2020</p> <p>Objective: Modality: Group</p> <p>Objective: Freq: Monthly</p> <p>Objective: Provided By:</p> <p>CSR Date:</p> <p>Problem:</p> <p>Progress and Recommendation:</p>



SAMMS

Treatment Plan/CSR

Run by: 5:04:55
PM

Dimension 4

07/29/20 Problem: Problem: Pt needs to complete 12 months of aftercare

In Own Words

Goal: Goal: To complete 12 sessions of aftercare and gain knowledge about his DUI

In Own Words:

Objective

Objective: To discuss in group the events that lead up to his DUI and gain knowledge about steps he must take to sustain ongoing recovery.

Objective: Target Date: 11/29/2020

Objective: Modality: Group

Objective: Freq: Monthly

Objective: Provided By:

CSR Date:

Problem:

Progress and Recommendation:

Dimension 5

05/28/20 Problem: Pt. has not drank since August of 2019.

Goal: Pt. to be educated on the harms and effects alcohol has on the mind and body. Pt. to be educated on risky behaviors and triggers.

Objective

Objective: Pt. to identify triggers and stressors with group members. Educate pt. on high-risk situations that can lead to relapse (e.g., negative emotions, social pressure, interpersonal conflict, positive emotions, testing personal control). Use relapse prevention exercises to help pt. uncover his triggers for using substances.

Objective: Target Date: 7/28/2020

Objective: Modality: Group

Objective: Freq: weekly

Objective: Provided By:

CSR Date:

Problem:

Progress and Recommendation:



Treatment Plan/CSR

A

sammms

Run by: [redacted] @ 11/10/2020 5:04:55 PM

Dimension 5

07/15/20 Problem: Problem: Pt lacks the social support to sustain ongoing recovery

In Own Words:

Goal: Goal: To develop a sober support system that he can utilize to stay sober.

In Own Words:

Objective

Objective: To inquire about 12-step meetings or SMART recovery meetings to gain sober support.

Objective: Target Date: 7/15/2020

Objective: Modality: Group

Objective: Freq: Monthly

Objective: Provided By: [redacted]

CSR Date:

Problem:

Progress and Recommendation:

Dimension 5

07/29/20 Problem: Problem: Pt lacks social support.

In Own Words:

Goal: Goal: To develop social support system and obtain ways he can utilize the support in order to stay sober.

In Own Words:

Objective

Objective: To discuss his social support from 12-step community or SMART recovery in group and inquire from group members how they are staying sober.

Objective: Target Date: 9/29/2020

Objective: Modality: Group

Objective: Freq: Monthly

Objective: Provided By: [redacted]

CSR Date:



Samms

Treatment Plan/CSR

8

Run by: [Name] 07/28/2020 0:07:00
PM

Dimension 5

Problem:
Progress and Recommendation:

Dimension 6

05/28/20 Problem: Pt. stated he was in an emotionally abusive relationship that got physical a few times. Pt. stated he recently broke up with this girlfriend.
Goal: Pt. to process the stresses and negative traits of this relationship.

Objective

Objective: Pt. to process with group ways his relationship negatively effected him. Pt. learn the importance of positive support network and begin strengthening his sober support system.

Objective: Target Date: 7/28/2020

Objective: Modality: Group

Objective: Freq: weekly

Objective: Provided By:

CSR Date:

Problem:
Progress and Recommendation:

Dimension 6

07/15/20 Problem: Problem: Pt has strained relationships that have implacted his life.

In Own Words:

Goal: Goal: To build healthy relationships.

In Own Words:

Objective

Objective: To discuss in group how his relationships are in his life and to ask others how they build healthy relationships.

Objective: Target Date: 7/15/2020

Objective: Modality: Group

Objective: Freq: Monthly

Objective: Provided By

CSR Date:

Problem:
Progress and Recommendation:



Treatment Plan/CSR

Run by: [redacted] 5:19:46 PM

Dimension 6

07/29/20 Problem: Problem: Pt reports having strained relationships that affected his daily life.

In Own Words:

Goal: Goal: To develop healthy relationships that enhance his daily life instead of putting strain on his life.

In Own Words:

Objective

Objective: To build a sober support system in order to sustain ongoing recovery and to inquire in group how group members develop healthy support.

Objective: Target Date: 9/29/2020

Objective: Modality: Group

Objective: Freq: Monthly

Objective: Provided By:

CSR Date:

Problem:

Progress and Recommendation:

Discharge Summary

Intake Date: 5/28/2020 Discharge Order: 1/1/1900 -1mg -

Discharge Date: Discharge Balance: (\$1.00)

Current Prescriptions

Medication	Strength	Frequency	Start
------------	----------	-----------	-------

Discharge Summary

Presenting Condition: -

Current Condition: F10.20-Alcohol Use Disorder, Severe

Discharge Reason: Successful completion of treatment



Treatment Plan/CSR

Samms

Run by: AM 08/20/2020 9:36:07

- Strengths: handy man
- Needs: N/A
- Abilities: able to fix things
- Preferences: Evening Groups

Services Provided: Pt. is a 56 year old male who is employed full time. Pt. is attending Outpatient Services due to High Risk DUI. Pt. has one daughter. Pt. is single, and recently broke up with his ex girlfriend who was who he reports having physical and emotional abuse from. Pt. stated he had to call the cops on her multiple times due to abuse, but she has finally moved out. Pt. reports his parents, sister, brother, uncles, all passed away and he only really has his daughter left of family around. Pt. stated he does not keep in contact with his friends that he use to anymore because he stopped drinking. Pt. stated he has his GED and has multiple certifications in pool operation, air conditioning, etc. Pt. stated LUD of alcohol in August 2019. Pt. is on probation with DuPage County. Pt has been in DUI classes once before due to his DUI 15 years ago. Pt. reports no history of addiction or mental illness.

Progress in Treatment: Pt. attended Outpatient Services on Telehealth via Zoom/Phone. Pt. first entered treatment hesitant but open to share with group members on what brought him to treatment. He expressed himself through processing daily experiences and ways of learning new coping skills to deal with stressful situations through relaxation techniques, breathing techniques, meditation, grounding techniques, mindfulness and other cognitive-behavioral methods. Pt. appeared open and willing to listen to feedback and shared his experiences and insights with group members. He seemed to benefit from the safe and supportive environment of the group and he identified healthier coping and problem-solving skills in his daily life. His level of readiness for change appears in the ACTION stage.

Progress Towards Goals: Pt. successfully completed 75 hours of outpatient group via Zoom and made significant progress on his treatment plan goals. Throughout treatment, Pt. took accountability for his DUI and processed with group members the changes that have occurred from his DUI and life changes he has made throughout the process. Pt. has been educated on the importance of a healthy support system. Pt. implemented healthy coping skills in his daily life when faced with any life stressors. Pt. prognosis for the future avoidance of substance related problems is GOOD.

Reccomendations/Referrals/Followup: Pt. will transition to 12 months of Continuing Care, attending once a month for 2 hours.

November 11, 2020

Secretary of State Jesse White
Office of the Secretary of State
Department of Administrative Hearings

Re: _____
DL# 1 _____

This memorandum is to serve as a status report for Mr. _____ On July 15, 2020 he began his first of twelve recommended Continuing Care groups. _____ attends once a month for two hours each session. As of today November 11, 2020, he has completed five sessions of aftercare. He has made satisfactory progress and actively participates in treatment exercises as well as discussions. As of now, patient prognosis is GOOD.

If you have any questions regarding this client, please contact me at 630 _____

Sincerely,

Continuing Care Counselor

November 24, 2020

Secretary of State Jesse White
Office of the Secretary of State
Department of Administrative Hearings

RE:

DL#:

Treatment Needs Assessment and Waiver

I met with _____ conduct a new Uniform Report and TNA. We reviewed his chronological use history and discussed the causes, influences and consequences of his alcohol use. He has had 4 DUI arrests and takes full responsibility for his poor choices regarding drinking and driving. He admits to being an alcoholic. He has experienced hangovers, increased tolerance, drinking more than intended, family concerns, loss of control, and recurrent use in situations that are physically hazardous. He had periods of abstinence prior to 8/18/2019 but would reacquaint with old friends who abused alcohol and gradually fell back into old patterns. He learned his triggers are people and places. In addition to separating from his old friends, his lifestyle has changed due to COVID-19. He has become more settled with himself and is in a committed relationship with his girlfriend. He has been able to sustain consistent work, and is productive with house projects. He is committed to sobriety because he is more focused on his health, he does not want to hurt his family members and he has given sobriety a chance to work for him.

_____ enjoys a variety of sober activities. He spends time with his girlfriend, he likes movies, working on cars and working on his house. His goals are to be a good person keep working on his house and maintain his positive changes.

Based on successful completion of treatment, consistent attendance in continuing care, length of sobriety, having a sober support group, and changes made, the prognosis for the future avoidance of substance related problems is GOOD and no further treatment is recommended and is therefore WAIVED, other than to finish his aftercare. His prognosis is GOOD.

Submitted by.

Pet #3
12-1-20
AB

DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

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.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
Friend.
2. How long have you known the petitioner?
3 years.
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
Weekly.
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.
Aug. 18, 2019.
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.
More pleasant attitude and more relaxed and easy going.
6. Describe the petitioner's character and why you believe he/she will be a safe and responsible driver.
Good personal character and moral. He has really taken to staying sober and that is his main focus.

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.

Signature

Date

Address/City/State/ZIP

Pet # 4
12-1-20
AB

DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

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Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
friend
2. How long have you known the petitioner?
9 years
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
2-3x week
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.
August 18th 2019
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.
He seems much happier and much more willing to talk.
6. Describe the petitioner's character and why you believe he/she will be a safe and responsible driver.
He has always had a heart of gold. He would never willingly put others in danger.

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.

Signature

Date

Address/City/State/ZIP

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM COVER LETTER



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

If your support/recovery program does not involve a structured, organized and recognized program, such as Alcoholics Anonymous or Narcotics Anonymous, you must document the program by submitting an original, personally prepared letter, signed and dated by you, which includes the following information. This form may be completed and submitted in lieu of the 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.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. Describe the type of program you are involved in that helps you remain abstinent from using alcohol/drugs:

I use my family and friends for support.

2. List the names of those who are involved in the program and their relationship to you (family members, friends, church members, co-workers, etc.):

1-aunt & 1-uncle
1-daughter
1 friend
1 n-friend 1 n-friend

3. Explain specifically what these support members do to help you remain abstinent from alcohol/drugs:

Help me to think positive
Encourage me to reach my goals and stress daily the importance sobriety has in my life.

4. Explain how the program works and keeps you abstinent from alcohol/drugs:

They talk to me daily about how everything is. Help me to avoid dangerous social situations and hold me accountable for my actions.

Signature

Date

Address/City/State/ZIP

Pet # 5
12-1-20
A3

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

A petitioner must provide written documentation of a support/recovery program that does not involve a structured, organized and recognized program, such as Alcoholics Anonymous, Narcotics Anonymous, consisting of at least three original letters from participants of the program. 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.

IMPORTANT: In addition to the minimum three letters, a petitioner must submit a personally prepared letter that specifically identifies and explains what his/her support/recovery program consists of, who its members/participants are, and how both the program and the fellow members/participants help him/her remain abstinent. The letter must be in its original form, signed and dated within 45 days prior to being mailed to the Illinois Secretary of State's office.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
UNCLE
2. How long have you known the petitioner?
56 YEARS
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
WEEKLY BUT TALK AND TEXT OFTEN
4. How are you involved in the petitioner's support/recovery program, and how does that help the petitioner remain abstinent?
WHEN HE NEEDS ANY HELP I AM ALWAYS THERE FOR HIM ALWAYS.
5. If you knew the petitioner while he/she was actively drinking/using, what has changed that now enables you to help him/her remain abstinent?
HE HASNT DRANK ANY ALCOHOL FOR OVER A YEAR AND I SUPPORT HIM AND KEEP HIM FOCUSED ONWHAT IS IMPORTANT TO HIS LIFE.
6. What changes have you seen in the petitioner since he/she has been involved in this support/recovery program?
HE ALWAYS HAS TIME FOR EVERYONE AND IS VERY HELPFUL TO EVERYONE AND SEEMS MUCH MORE RELAXED AND WILLING TO ASK FOR HELP

Signature

Date

Address/City/State/ZIP

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
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Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
Aunt
2. How long have you known the petitioner?
56 years
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
weekly
4. How are you involved in the petitioner's support/recovery program, and how does that help the petitioner remain abstinent?
Calls and talks about family events and we stop by and see him and talk at least once a week and reaffirm with him how staying sober is the most important thing.
5. If you knew the petitioner while he/she was actively drinking/using, what has changed that now enables you to help him/her remain abstinent?
Remind him about how important it is to be responsible to himself and others for his actions.
6. What changes have you seen in the petitioner since he/she has been involved in this support/recovery program?
Personality has changed for the better and everyone is very proud of him. We love him very much.

Signature

Date

Address/City/State/ZIP

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM



Office of the
Secretary of State
DEPARTMENT OF
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IMPORTANT: In addition to the minimum three letters, a petitioner must submit a personally prepared letter that specifically identifies and explains what his/her support/recovery program consists of, who its members/participants are, and how both the program and the fellow members/participants help him/her remain abstinent. The letter must be in its original form, signed and dated within 45 days prior to being mailed to the Illinois Secretary of State's office.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
Daughter
2. How long have you known the petitioner?
37 years
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
weekly, but talk to him daily.
4. How are you involved in the petitioner's support/recovery program, and how does that help the petitioner remain abstinent?
I see my dad every couple weeks to have dinner and get groceries and hang out with his grandkids. We talk every day about how life is since being sober. I am always there for him.
5. If you knew the petitioner while he/she was actively drinking/using, what has changed that now enables you to help him/her remain abstinent?
My dad's attitude has changed to a much happier person and he's been in his grandkids lives more. Much more open!
6. What changes have you seen in the petitioner since he/she has been involved in this support/recovery program?
Better attitude, talks about how much better he feels. He's not afraid to ask for help.

Signature

Date

Address/City/State/ZIP

DOCUMENTATION OF ABSTINENCE/ CHARACTER/SUBSTANCE USE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

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Petitioner's Name (type or print)

Illinois Driver's License Number

1. What is your relationship to the petitioner (family member, friend, co-worker, etc.)?
friend
2. How long have you known the petitioner?
7 years
3. How often do you see the petitioner (daily, weekly, monthly, etc.)?
daily
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.
since August 18, 2019
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.
He has a positive attitude. He thinks before he acts now and is not letting alcohol control him.
6. Describe the petitioner's character and why you believe he/she will be a safe and responsible driver.
He takes things more seriously.

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.

Signature

Date

Address/City/State/ZIP

November 24, 2020

Secretary of State Jesse White
Office of the Secretary of State
Department of Administrative Hearings

RE:
DL#:

Letter of Alternative Support

This letter is to inform the Hearing Officer that [redacted] has been using family and friends for alternative support since he abstained from alcohol in 2019. He has daily contact with them and they know that he is in recovery. He also has good communication with his customers who know that he is in recovery. His support group help by listening and providing a safe manner for him to discuss what he has learned in treatment, goals for maintaining his recovery and helping him to stay accountable.

Submitted by.

[redacted]

-

PART 8. CLASSIFICATION

8.1 Classification:

HIGH RISK: Four or more symptoms of a Substance Use Disorder (regardless of driving record); AND/OR within the ten year period prior to the date of the most current (third or subsequent) arrest, any combination of two prior convictions or court ordered supervisions for DUI, or prior statutory summary suspensions, or prior reckless driving convictions reduced from DUI, resulting from separate incidents.

8.2 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.

The DSM 5 symptoms, ASUDS results, interview with offender and the corroborative interview all support High Risk classification.

PART 9. MINIMAL REQUIRED INTERVENTION

9.1 Minimal Intervention:

HIGH RISK: Completion of a minimum of 75 hours of substance abuse treatment; and upon completion of any and all necessary treatment, and, after discharge, active on going participation in all activities specified in the continuing care plan.

9.2 The offender was referred as follows:

Treatment completed at . See TNA

COURT PURPOSES

05500

04 05 19

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

JILL WILLIAMS
1234 MAIN ST.
ANYWHERE, IL 60000

CONT LIC DATE	ISSUE DATE	BIRTH DATE
10' 06' 00	07' 05' 07	███

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
F	5' 06	190	BLK	BRN		N	2	D		X	NONE	08' 19' 09

TYPE ACTION	STOP IN EFFECT
-------------	----------------

17	SUSPENSION TIC-NO=1285836 IL COURT=WILL STATUTORY SUMMARY SUSPENSION/FAIL OR REFUSE ALCOHOL/DRUG TEST	EFF-DT 02-04-99 ARR-DT 12-20-98 SUS-LGTH=03MO BAC-LV=20	TERM-DT 12-09-99	OFFENSE 1 0501 01	NO
55	SUPERVISION TIC-NO=1285836 IL COURT=WILL DUI/ALCOHOL CONCENTRATION ABOVE LEGAL LIMIT	ARR-DT 12-20-98 SUP-DT 05-28-99 OFFENSE 1 0501 A1 CMV=N HZ=N CDL=N			
17	SUSPENSION TIC-NO=45603958 IL COURT=WILL STATUTORY SUMMARY SUSPENSION/FAIL OR REFUSE ALCOHOL/DRUG TEST	EFF-DT 04-26-17 ARR-DT 03-11-17 SUS-LGTH=12MO BAC-LV=REFUSAL	PROV-DT 04-26-18	OFFENSE 1 0501 01	YES
55	REMEDIAL TIC-NO=45603958 IL COURT=WILL REFERRAL TO REMEDIAL OR REHABILITATION PROGRAM	ARR-DT 03-11-17 SUP-DT 10-13-17 OFFENSE 1 0501 A2 CMV=N HZ=N CDL=N			
94	CONVICTION TIC-NO=45603958 DUI/ALCOHOL	ARR-DT 03-11-17 DISP-DT 10-13-17 OFFENSE 1 0501 A2 IL-COURT=WILL			
01	REVOCATION OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE	EFF-DT 11-02-17 ELIG-DT 04-26-18		OFFENSE 6 205 A2	YES
47	SR22 REQ FINANCIAL RESPONSIBILITY INSURANCE REQUIRED	DATE 11-02-17			

REVOCATION WAS IN EFFECT ON 04-05-2019

* END OF RECORD *

* This official record is received directly from the Secretary of State's Office via computer link-up system. This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Besse White
SECRETARY OF STATE



SOS #3
S. 2-19
A3

COURT PURPOSES

05500

04 05 19

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVER'S RECORD IDENTIFIED ABOVE

[REDACTED]

JILL WILLIAMS
1234 MAIN ST.
ANYWHERE, IL 60000

CONT LIC DATE	ISSUE DATE	BIRTH DATE
10' 06' 00	07' 05' 07	[REDACTED]

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
F	5' 06	190	BLK	BRN		N	2	D		X	NONE	08' 19' 09

TYPE ACTION

STOP IN EFFECT

REVOCATION WAS IN EFFECT ON 04-05-2019
* END OF RECORD *



* This official record is received directly from the Secretary of State's Office via computer link-up system. This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Resse White
SECRETARY OF STATE



SUPERVISION

05500

04 05 19

DDL: Y

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODE THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

JILL WILLIAMS
1234 MAIN ST
ANYWHERE, IL 60000

CONT LIC DATE	ISSUE DATE	BIRTH DATE
10' 06' 00	07' 05' 07	

GENDER	HEIGHT	WEIGHT	HAIR	EYES	D.E.	CDL	TL	CLASS	ENDORS	MC	RESTRICTION	EXPIRATION DATE
F	5' 06	190	BLK	BRN		N	2	D		X	NONE	08' 19' 09

TYPE ACTION

STOP IN EFFECT

THIS ADDITIONAL SUPERVISION INFORMATION IS BEING PROVIDED IN ACCORDANCE WITH SECTION 6-204 OF THE ILLINOIS VEHICLE CODE AND IS SUBJECT TO THE LIMITATIONS CONTAINED THEREIN.

NO SUPERVISIONS ON RECORD
* END OF RECORD *



* This official record is received directly from the Secretary of State's Office via computer link-up system. This is to certify, to the best of my knowledge and belief, after a careful search of my records, that the information set out herein is a true and accurate copy of the captioned individual's driving record; identified by driver's license number, and I certify that all statutory notices required as a result of any driver control actions taken have been properly given.

Besse White
SECRETARY OF STATE



LAW ENFORCEMENT SWORN REPORT

Circuit Court, 98-354-033 County, Will Municipal District

Case Number 40099 98-354-033

DUI TRAFFIC CITATION NO. (11-501A1) 7285836

DUI TRAFFIC CITATION NO. (11-501A2) 7285835

DUI TRAFFIC CITATION NO. (OTHER) 1285834

Name Williams, Jill Last First Middle

CDL Driver's License Number State IL

OPERATING: Commercial Motor Vehicle Placarded Haz. Mat. Vehicle

City and County of Arrest Will County

Arrest Date 12/20/98 5:20 AM

Sex Date of Birth Place of Refusal or Location of Test WCADP

Notice of Summary Suspension Given On 12/20/98 Ref. or Test Date 12/20/98 6:01 AM

THE SUSPENSION SHALL TAKE EFFECT ON THE 46th DAY FOLLOWING ISSUANCE OF THIS NOTICE OF SUMMARY SUSPENSION...

- Because you refused to submit to or failed to complete testing... Because you submitted to testing... an alcohol concentration of 0.20...

NOTE: If it is determined that you are not a "first offender" as defined in Section 11-500 of The Illinois Vehicle Code and: You refused to submit to, or failed to complete, all requested chemical testing...

Driver's license surrendered? Yes No: Reason

Driver's license valid at time of arrest? Yes (Sign receipt) No (Void receipt)

I have complied with Section 11-501.1 by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance: (Explain) I COULD SMELL THE ODOR OF AN ALCOHOLIC BEVERAGE ON BREATH, AS WELL AS WATERY EYES...

Pursuant to Section 11-501.1 of The Illinois Vehicle Code I have: Served immediate notice of summary suspension of driving privileges on the above named person.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer Dep Vincent Curcio Identifying Number 001171

Law Enforcement Agency WCSP Date 12/20/98

MO. DAY YR. DSD DC 35.10 51 0201 770 MAY 97

183290

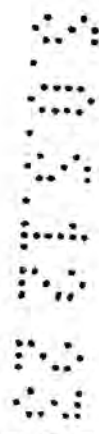
POLICE OFFICER - SEND TO SECRETARY OF STATE

FEDERAL SIGNAL CORP. / CMI INC
INTOXILYZER - ALCOHOL ANALYZER
IL MODEL 5000 SN 64-000746
12/20/98

TEST	BAC VALUE	TIME
AIR BLANK	.00	06:01
SUBJECT TEST	.20	06:01
AIR BLANK	.00	06:02

0540 WCADE
349641518 D. Santrell 1368
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State of Illinois
Department of Human Services

Alcohol and Drug Evaluation
Uniform Report

PART 1. OFFENDER INFORMATION

Offender Name: JILL WILLIAMS

IL Driver's License Number or State ID: [REDACTED]

Other Valid Driver's License Number/State:

Home Address: 1234 MAIN ST.
ANYWHERE, IL 60000

County of Residence: Will

Citizenship: USA Citizen

Telephone Number(s): (815)

Date of Birth: [REDACTED] Age: 60

Gender: Female

Race(s): Black or African American

Hispanic Origin: Not Hispanic

Primary Language: English Interpreter Services: Services not needed

Marital Status: Never Married

Education Level: High school graduate or equivalency certificate

Employment Status: Employed full time (unsubsidized)

Occupation: Teachers Assistant

Annual Household Income: \$12000 Number of Dependents: 1

Physical or Mental Disability: None Religious Affiliation: Other

Emergency Contact Person:

Contact Telephone Number: [REDACTED]

IMPORTANT NOTICE: The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301/1-1). Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois.

PET #1
5-2-19
AB

PART 2. CURRENT DUI ARREST INFORMATION

- 2.1 Referral Source: Self
- 2.2 Beginning Date of Evaluation: 04/16/2019
- 2.3 Completion Date of Evaluation: 05/02/2019
- 2.4 Date of Arrest: 03/11/2017
- 2.5 Time of Arrest: 06:41 PM
- 2.6 County of Arrest: Will
- 2.7 Blood-Alcohol Concentration (BAC) at Time of Arrest: RT
- 2.8 Results of Blood and/or Urine Testing:
Not Applicable

2.9 Specify up to five mood altering substances (alcohol/drugs) consumed which led to this DUI arrest (in order of most to least).

Alcohol, Other Opioids

2.10 Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

Client stated between 3pm & 5pm she drank 4 (5oz) glasses of wine & took a prescription Norco & at 5pm.

2.11 Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain.

Not Applicable

PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY

- 3.1 Prior DUI dispositions including boating and snowmobiling (list chronologically, from first arrest to most recent, and include out-of- state arrests):

Date of Arrest	Date of Conviction or Court Supervision	BAC
12/20/1998	05/28/1999	UK

(Additional dispositions should be listed in an addendum to the Uniform Report)

- 3.2 Prior statutory summary or implied consent suspension (may have same arrest date of DUIs listed above):

Date of Arrest	Effective Date of Suspension	BAC
12/20/1998	02/04/1999	UK

(Additional dispositions should be listed in an addendum to the Uniform Report)

- 3.3 Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):

Date of Arrest	Date of Conviction	BAC
Not Applicable		

(Additional dispositions should be listed in an addendum to the Uniform Report)

- 3.4 Other alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or indicated on the driving record (including out-of-state dispositions).

Zero Tolerance		Illegal Transportation	
Date of Arrest	Effective Date of Suspension	Date of Arrest	Date of Conviction
Not Applicable		Not Applicable	

PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY (continued)

3.5 Describe any discrepancies between information reported by the offender and information on the driving record.

He sent for her sworn report from the SOS office; however, we have not received it yet, but she admits to intox.

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.1	Alcohol/Drug	Age of First Use	Age of First Intoxication	Age of Regular Use	Year of Last Use
	Alcohol	21	21	21	2017

Chronological History Narrative:

Current age: 60

Alcohol (wine servings are 5oz & beers are 12oz)

Ages 21-33 She stated she drank 3-4 glasses of wine 1-2x/week.

Ages 34-46 She drank 4-5 glasses of wine 4-5x/week.

Her first dui was at age 40 (12/20/98;uk); she reported drinking 4-5 glasses of wine before her arrest. Her bac was unavailable but admits to intox.

Ages 47-59 She stated she drank 3 beers or 3-4 glasses of wine once every other weekend.

Her 2nd DUI at age 55 (03/11/14;RT); reported drinking 4 glasses of wine and took her prescription Norco @ 5pm. Her reported last use was the weekend of June 3, 2017 when she drank 4 glasses of wine.

Ages 59-current She denies alcohol use.

She denies a history of illegal drug use.

- 4.2 **Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medications and whether he/she has ever illegally obtained prescription medication.**

She stated that for the last 7 years she has been taking Norco daily as prescribed for knee pain.

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

- 4.3 Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

She stated her brother had a problem with alcohol, but he is now sober.

- 4.4 Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

Not Applicable

- 4.5 List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions).

None reported

- 4.6 Identify the significant other and summarize the information obtained in the interview.

I spoke to her daughter. she corroborated her mothers report and has no concerns at this time.

- 4.7 Provide the names, locations, and dates of any treatment programs reported by the offender.

She completed Significant Risk requirements at our facility in 2017/2018 for her last DUI.

- 4.8 Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement.

Not Applicable

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.9 Has substance use/abuse negatively impacted the client's major life areas?

Impairments

Family

Not Applicable

Marriage or significant other relationships

Not Applicable

Legal Status

History of 2 DUIs; 1998 & 2017.

Socially

Not Applicable

Vocational/work

Not Applicable

Economic status

Not Applicable

Physically/Health

Client takes Norco daily for knee pain for the past 7 years and continued to consume alcohol.

PART 5. OBJECTIVE TEST INFORMATION

5.1 Mortimer/Filkins - Score: 45 Category: Presumptive Problem Drinker

5.2 ASUDS-RI Risk Level Guidelines - Score: Category:

5.3 Driver Risk Inventory (DRI) Scales and Risk Ranges:

Validity Scale:

Alcohol Scale:

Driver Risk Scale:

Drugs Scale:

Stress Coping Abilities Scale:

PART 6. CRITERIA FOR SUBSTANCE USE DISORDER

- 6.1 Identify any Substance Use Disorder Criteria occurring within a 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission. One symptom will result in a Moderate Risk Level classification. Two or three symptoms will result in a Significant Risk classification. Four or more symptoms will result in a High Risk classification.
- Alcohol or drugs are taken in larger amounts or over a longer period than intended.
 - There is 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 drugs.
 - 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 or drugs to achieve intoxication or the 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.

- 6.2 If the offender meets Substance Use Disorder Criteria based on a past episode and is now assessed as being in remission, identify and describe the specifier that reflects the offender's current status.

Current Status: Not Applicable

- 6.3 Has the offender ever met Substance Use Disorder Criteria by history but and is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria were met and why it is not clinically significant for the purposes of a current risk assessment. The explanation must include the length of time since the last episode, the total duration of the episode, and any need for continued evaluation or monitoring.

She met dsm-5 criteria for alcohol use disorder mild at the time of her DUI, but has since hanged her behavior

PART 7. OFFENDER BEHAVIOR

7.1 Were the offender's behavior and responses consistent, reliable, and non-evasive?

yes

7.2 Identify indications of any significant physical, emotional/mental health, or psychiatric disorders.

Client takes Norco for knee pain as prescribed

7.3 Identify any special assistance provided to the offender in order to complete the evaluation.

none

7.4 Where was the offender interview conducted?

Licensed Site

PART 8. CLASSIFICATION

8.1 Classification:

SIGNIFICANT RISK: One prior conviction or court ordered supervision for DUI, or one prior statutory summary suspension, or one prior reckless driving conviction reduced from DUI; AND/OR a BAC of .20 or higher as a result of the most current arrest from DUI; AND/OR two or three symptoms of a Substance Use Disorder.

8.2 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.

All are consistent with her level of care.

PART 9. MINIMAL REQUIRED INTERVENTION

9.1 Minimal Intervention:

SIGNIFICANT RISK: Completion of a minimum of 10 hours of DUI Risk Education; and a minimum of 20 hours of substance abuse treatment; and, upon completion of any and all necessary treatment, and, after discharge, active on going participation in all activities specified in the continuing care plan.

9.2 The offender was referred as follows:

Treatment completed; please see her treatment documents and treatment verification for details.

PART 10. VERIFICATION**Licensed Site Information:**

Name: FREE AND CLEAR COUNSELING

Address: 4321 MAIN ST
ANYWHERE, IL 60000

Telephone Number:

License Number:

Evaluator Name:

Evaluator Credentials: CADC

Evaluator Verification:

Under penalty of perjury, I affirm that I have accurately summarized the data collected and required in order to complete this evaluation.

Signature: _____

Date: 5/2/19**Offender Verification:**

The information I have provided for this evaluation is true and correct. I have read the information contained in this Alcohol and Drug Evaluation and its recommendations have been explained.

Signature: _____

Date: 5-2-19**PART 11. DISPOSITION**

This evaluation may only be released to the Illinois Circuit Court of venue or its court officials as specified by local court rules, to the Office of the Secretary of State, or to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery. Any other release requires the written consent of the DUI offender.

If this evaluation was prepared for the Circuit Court, send the signed original to the court in accordance with established local court rules or policy.

If this evaluation was prepared for the Secretary of State, give the signed original to the DUI offender so that it may be presented to the hearing officer at the time of the formal or informal hearing.

State of Illinois
Department of Human Services

DUI Risk Education
Certificate of Completion

Offender Information

Name: JILL WILLIAMS
Home Address: 1234 MAIN ST
ANYWHERE, IL 60000
County of Arrest: Will
IL Driver's License Number or State ID: [REDACTED]

Other Valid Driver's License Number/State:

Risk Education Verification

Did the DUI offender complete a total of at least 10 hours of alcohol and drug education?
Yes

Test Scores - Pre-test Score: 64 Post-test Score: 78

Please specify the dates the offender attended risk education.

08/01/2018 08/02/2018 08/03/2018 08/04/2018

Licensed Site Certification

Name: FREE AND CLEAR COUNSELING
Address: 4321 MAIN ST.
ANYWHERE, IL 60000

Phone Number:

License Number:

Instructor Name:

CADC

Under penalty of perjury, I affirm that the offender listed above has successfully completed DUI risk education and that all the information specified on this form is true and correct.

Signature: _____

Date: 8-4-18

ILLINOIS PETITIONER TREATMENT VERIFICATION



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

The rules of the Secretary of State's Department of Administrative Hearings require a petitioner to document completion of any recommended treatment or provide a treatment waiver as recommended in the Treatment Needs Assessment (TNA). This form may be completed and submitted for this purpose. If more space is needed, attach additional sheets.

Copies of the following documents must be attached to this form:

- 1) Individualized Treatment Plan
- 2) Discharge Summary
- 3) Continuing Care Plan
- 4) Continuing Care Status Report
- 5) Continuing Care Summary Report or Treatment Waiver

PETITIONER INFORMATION:

Name: (Last, First, Middle) WILLIAMS, JILL		[REDACTED] PR.	
Address: (Street/City/State/ZIP) 1234 MAIN ST., ANYWHERE		Illinois	60000
Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth: [REDACTED]	Home Telephone Number: (815)	Work Telephone Number: ()

1. Referral Source: self
2. Admission Date: 07/15/17 Discharge Date: 01/10/18
(Primary treatment only; not follow-up/aftercare)
3. Admission Diagnosis: Alcohol disorder mild (abuse)
R/O Moderate/Severe
Discharge Diagnosis: Alcohol use disorder, mild (abuse)

OR

TNA Date: _____ Diagnosis: _____

4. Treatment Modality:
 - Outpatient counseling..... Number of hours completed: 20
 - Intensive outpatient counseling..... Number of hours completed: _____
 - Inpatient..... Number of days in inpatient treatment: _____
 - Individual therapy
 - Group therapy

Per #3
5-2-19
AB

5. Prognosis after completing treatment and/or TNA. Must include a discussion of what the petitioner appears to have gained from treatment and whether it has substantially reduced the potential for future alcohol/drug-related problems.

Client entered treatment completed her 20 hours of counseling on 01/10/18. According to her file, while in treatment she explored her personal relationship with alcohol, appeared to be open and honest concerning this issue, and admitted that she did in fact abuse alcohol in the past. She was educated on DUI Laws, process of addiction, impairment levels, and stress. She discussed her past alcohol use and how it was related to her arrests. She reported that her past alcohol abuse was related to peer group and being social. She reported that he is now associating with a different peer group, and has not consumed alcohol since her 03/11/17 DUI. She takes full responsibility for her arrest, and has a realistic plan in affect to avoid future problems tath includes abstinence by choice. Ms. Willia was discharged successfully with a good prognosis, and as long as she continues to follow her change plan hse is at minimal risk of future alcohol related arrests.

6. Continuing Care Status:

- Petitioner has completed continuing care (summary report required).
- Petitioner is currently involved in a continuing care plan (status report required).
- Petitioner has completed a continuing care plan.
- Petitioner has not initiated continuing care.
- Continuing care waived (rationale required).
- Petitioner has initiated but failed to complete a continuing care plan for the following reason:

7. Rationale for: a) any modification in the number of treatment hours or change in treatment modality as recommended by the petitioner's last evaluation; b) treatment waiver; or c) additional treatment recommendations as a result of the TNA.

There is no need to change her level of care.

If a petitioner classified as "High Risk" has been determined to be "Non-Dependent," a detailed explanation by the treatment provider as to why dependency was ruled out must be submitted.

I certify that I have accurately reported the data collected and required to complete the treatment verification. I also have attached copies of the petitioner's Individualized Treatment Plan, Discharge Summary, Continuing Care Plan, Continuing Care Status Report, and Continuing Care Summary Report or TNA.

Provider's Name (Type or print)	
Provider's Signature:	Date: 4/30/19
Provider's Title:	Telephone Number: 815-723-7575
Program Name: FREE AND CLEAR COUNSELING	Accreditation/License Number:
Address: (Street/City/State/Zip) 4321 MAINST., ANYWHERE, IL 60000	

Treatment Plan

Name: JILL WILLIAMS # [REDACTED] [REDACTED] DOB: [REDACTED]

Primary Counselor:

Treatment Start Date: 07/12/17

Treatment End Date: TBD based on attendance

Setting: Outpatient

Department: min. 20 hrs (SR)

Diagnosis

- Axis I F10.10 R/O Alcohol use disorder (mod,sev)
- Axis II V71.09 No Diagnosis
- Axis III None
- Axis IV Legal Conflicts
- Stress Severity Rating: 3 Moderate
- Axis V Current: 81-90

ASAM Assessment:

- Dimension I- Acute Intoxication and/or Withdrawal Potential
- Dimension II- Bio-Medical Conditions and Complications
- Dimension III- Emotional/Behavioral Conditions and Complications
- Dimension IV- Treatment Acceptance/Resistance
- Dimension V- Relapse/Continued Use Potential
- Dimension VI- Recovery Environment

Treatment Techniques

Treatment Modalities:

<u>Type</u>	<u>Frequency</u>	<u>Provider</u>
Individual therapy	1 x and as needed	Felicia Houston,MHS/CADC
Group therapy	1-2x weekly, 3h/session, min 7 sessions	Felicia Houston,MHS/CADC

Treatment Plan

Primary Problem: F10.10 R/O Alcohol use disorder (mod,sev)

Behavioral Definition

- Alcohol use resulting in legal problems
- Tolerance

Long-term Goals

- Verbalize the role Alcohol use has played in legal issues.
- Honestly discuss past use of alcohol to prevent a return to irresponsible and illegal behaviors (Dim III)
- Client will review his drinking hx, and make changes in his drinking/drug use behavior to eliminate risk for further drug and alcohol arrest. (Dim V)

Short-Term Objectives/Therapeutic Interventions

- Client will discuss past Alcohol use & verbalize how it relates to his irresponsible and illegal behaviors.
Entry Date: 07/12/17 Target Date: d/c Projected Sessions:7 Provider: ,MHS/CADC
- Client will identify consequences of his irresponsible alcohol use (dim III).
Entry Date: 07/12/17 Target Date: d/c Projected Sessions: 7 Provider: MHS/CADC
- Client will complete a complete drug and alcohol history as an aid to prevent a return to past

problematic behaviors (dim III & IV).

Entry Date: 07/12/17 Target Date: d/c Projected Sessions: 7 Provider: MHS/CADC

- Client will discuss and accept responsibility for decisions and actions that led to his arrest.
Entry Date: 07/12/17 Target Date: d/c Projected Sessions: 7 Provider: MHS/CADC
- Client will develop a change plan to assist him in avoiding future alcohol related arrests (Dim V).
Entry Date: 07/12/17 Target Date: d/c Projected Sessions: 7 Provider: MHS/CADC
- To assist counselor in diagnosing client, he will be able to verbalize symptoms of abuse & Dependence and stated which apply to him.
Entry Date: 07/12/17 Target Date: d/c Projected Sessions: 7 Provider: MHS/CADC

Response to Plan

Response to treatment plan presentation:

Client has agreed to remain abstinent and to follow his treatment plan.

I, [Signature] reviewed this treatment plan.

X. _____ Date: 7-12-17

Prognosis

<u>Prognosis Rating of successful Achievement of Goals</u>	<u>Projected Number of Sessions before Treatment End</u>	<u>Projected Date for Treatment End</u>	<u>% of Critical Objectives Achieved by Treatment End</u>
Fair	7	TBD	100%

Rationale for Prognosis Rating:

Client reports 2 arrest for DUI's. She admits symptoms of abuse; therefore, is admitted with the diagnosis of R/O alcohol Use disorder moderate, severe. Her prognosis will be upgraded after successful completion of treatment.

Provider Credentials

Primary Treatment Provider
Addictions Counselor, MHS/CADC 7/12/17

[Signature] 2-17
Supervisor, MD
Medical Supervisor
License: Illinois

This treatment plan will be reviewed within 60 days/10 hours, and at discharge, depending on the attendance/needs of the client.

DISCHARGE/TRANSFER SUMMARY *(circle one)*

Name: JILL WILLIAMS
[REDACTED]

Admit Date: 07/15/17

Discharged/Transfer Date: 01/10/18

Reason for Discharge/Transfer:

Client has completed all goals and objectives included in her treatment plan. He has remained abstinent and reports no problems.

Progress of client, relative to each goal and objective in the treatment plan:

Treatment Plan Goals and outcomes:

Client has completed all treatment plan goals. She verbalized the role alcohol use has played in her dui's and addressed ways to prevent a return to irresponsible and illegal behaviors. She has remained abstinent throughout treatment.

Treatment Plan Objectives and outcomes:

Client discussed past use and identified what was problematic. She has accepted responsibility for decisions and actions that led to her arrests. She has verbalized social activities she could do rather than activities that involve drinking. She has identified behavioral and attitude changes that she has made.

Prognostic Statement of the client's condition at Discharge/Transfer:

Client's prognosis is good at this time. She reports she understands what she needs to do to prevent returning to alcohol use. She has identified symptomology for abuse and applied them to her own drinking patterns. She does meet the criteria for Substance Use Disorder (mild), therefore her diagnosis remains F10.10 (mild). She will begin aftercare in February 2018. His action plan includes no alcohol use or responsible use with attention to transportation prior to drinking. He reports understanding responsible use.

Does the client need continued use of prescribed medications? Yes No

Condition

Name of Medication

N/A

Summary of Continued Recovery Plan:

Client will contact agency (1) time per month and report any problems he/she is having remaining abstinent and/or following their aftercare plan. If client misses two or more sessions he/she will be discharged from the Aftercare/Continuing Care program.

Staff Signature and Credentials

01/10/18

Date

CONTINUING RECOVERY PLAN

Client Name: JILL WILLIAMS
Diagnosis: F10.10 Alcohol Use Disorder mild
Staff:

Admit Date: 07/15/17
Discharge Date: 01/10/18

Relapse prevention plan for this client (if needed):

N/A

Action to be taken by the client if a relapse is to occur:

N/A

Action planned by this organization to support continuing recovery:

Continuing Care/Aftercare has been recommended one (1) time per month for the next six (6) months. Client will remain abstinent, or drink responsibly, and report any problems at each aftercare session.

Is this patient being successfully discharged? Yes No

If YES, normal procedures may take place to re-initiate treatment services.

If NO, the patient will need to be re-evaluated for appropriateness by the program supervisor. If the program supervisor determines the client is still appropriate, then normal procedures may take place to re initiate treatment services.

Specific and measurable client involvement in continuing care (if required)

If client misses two (2) continuous aftercare sessions, he/she will be terminated from the aftercare program. Client will need to be reevaluated for appropriateness to be reinstated to the Continuing Care/Aftercare program.

Staff Signature and credentials

01/10/18

Date

FREE AND CLEAR COUNSELING
4321 MAIN ST.
ANYWHERE, IL 60000

Continuing Care Summary Report

DATE: May 2, 2019

RE: JILL WILLIAMS

DL#: [REDACTED]

Primary Treatment Admission:	07/15/17
Primary Treatment Discharge:	01/10/18
Aftercare Admission:	01/10/18
Aftercare Discharge:	05/02/19

According to his records, Ms. [REDACTED] completed treatment and transferred to aftercare on 01/10/18. Due to confusion she did not attend her aftercare and was discharged. Due to court she returned to our facility on 11/29/18 to start her aftercare, and then attended monthly. She completed her 6-months of aftercare on 05/02/19.

She denied alcohol use throughout treatment and aftercare, and denies any current symptoms of a substance use disorder. She was discharged from aftercare with a very good prognosis.

Addictions Counselor

FREE AND CLEAR COUNSELING
4321 MAIN ST
ANYWHERE, IL 60000

Aftercare/Continued Care Plan

RE: JILL WILLIAMS

DL# [REDACTED]

Date: January 10, 2018

Primary treatment admission: 07/15/17

Primary treatment discharge: 01/10/18

Aftercare admission: 01/10/18

Expected aftercare discharge: 07/31/18

You have successfully completed your required counseling and now can begin your required Aftercare/Continued Care program. There will be a charge of \$25.00 per each session

Unless you have been instructed differently, you are required to meet with a counselor one (1) time per month for the next six (6) months. You can come in at any time during the month, during office hours which are 8:30 to 4:30, Monday through Thursday, and 8:30 to 3:00 on Friday. The aftercare process will take approximately 15 minutes. There are no groups to attend. **Leaving messages is not acceptable.** You will begin your aftercare in February 2018

If you are assessed High Risk, dependent you are expected to remain abstinent, and attend A/A meetings with signed proof of attendance. If you do not have your sheets, you may be required to attend more treatment hours. If you are Significant Risk, you may remain abstinent or drink responsibly, but be prepared to report current use at the time of you aftercare session.

You will need to attend all sessions as indicated. If there is a problem with your attendance, you must notify a counselor so other arrangements can be made. If you miss your aftercare sessions you risk being discharged unsuccessfully, and notification of your progress and/or non-compliance will be forwarded to the Circuit Court of Venue or any other court entity such as probation.

During this Aftercare/Continue Care period, you should also continue to focus on ways to prevent future problems and/or relapse.

I have read this Aftercare/Continued Care Plan and understand all the requirements expected of me

Client Signature

Staff Signature

6/10/18

FREE AND CLEAR COUNSELING
4321 MAIN ST.
ANYWHERE, IL 60000

TREATMENT NEEDS ASSESSMENT/WAIVER

RE: JILL WILLIAMS
DL#: [REDACTED]

Ms. WILLIAMS was seen at our facility for the purpose of completing the necessary documents to begin petitioning the Illinois Secretary of State for license reinstatement. She denies any prior evaluations for the hearing process; therefore, a new Uniform Report and Treatment Needs Assessment was completed on today's date.

She provided a Court Purposes Alcohol/Drug-Related Driving Offenses record at the time of this evaluation. Her driving record lists 2 DUI arrests on 12/20/98 & 03/11/17. She denies any other alcohol and/or drug related arrest, charges or tickets in this state or any other state.

Ms. WILLIAMS was previously classified as a Level-II Significant Risk offender, and of today's date she remains the same level of care. She completed 20 hours of Out Patient Counseling/6-months of aftercare with a discharge diagnosis of alcohol use disorder mild, 10 hours of Risk Education @ our facility; she has the required treatment documents to prove her attendance.

She admits to abusing alcohol in the past; she reported that there were other times she drove while under the influence of alcohol and did not get caught, and had an increased tolerance to alcohol. She also admitted to continued use despite med/psych problems, as she has been taking Norco for the past 7 years as prescribed for knee pain and continued to drink alcohol. She denies a loss of control, drinking more than intended, craving, daily use, withdrawal, work/home problems, and all other symptoms of a substance use disorder. Based on said symptomology her diagnosis remains alcohol use disorder; mild (abuse).

She said her alcohol abuse was due to being social with her peer group at gatherings. She has since changed her behavior, as she has changed her peer group, and has not consumed alcohol since 2017. Her plan for the future in regards to her drinking is to continue with abstinence by choice, and if she does return to drinking in the future she will be more responsible and will not drive after any amount of alcohol is consumed. She is currently unemployed; she enjoys going to the library, and going for walks in the mall and park. She added that she is getting married in August so has been planning details of her wedding.

It appears that Ms. WILLIAMS takes full responsibility for her past irresponsible behavior, and has made appropriate changes in her life to avoid future alcohol related problems. Since she completed all prior treatment recommendations and has changed her past irresponsible behavior, I have no further treatment recommendations at this time and her prognosis is very good.

Addictions Counselor

5/2/19

Date