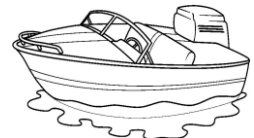
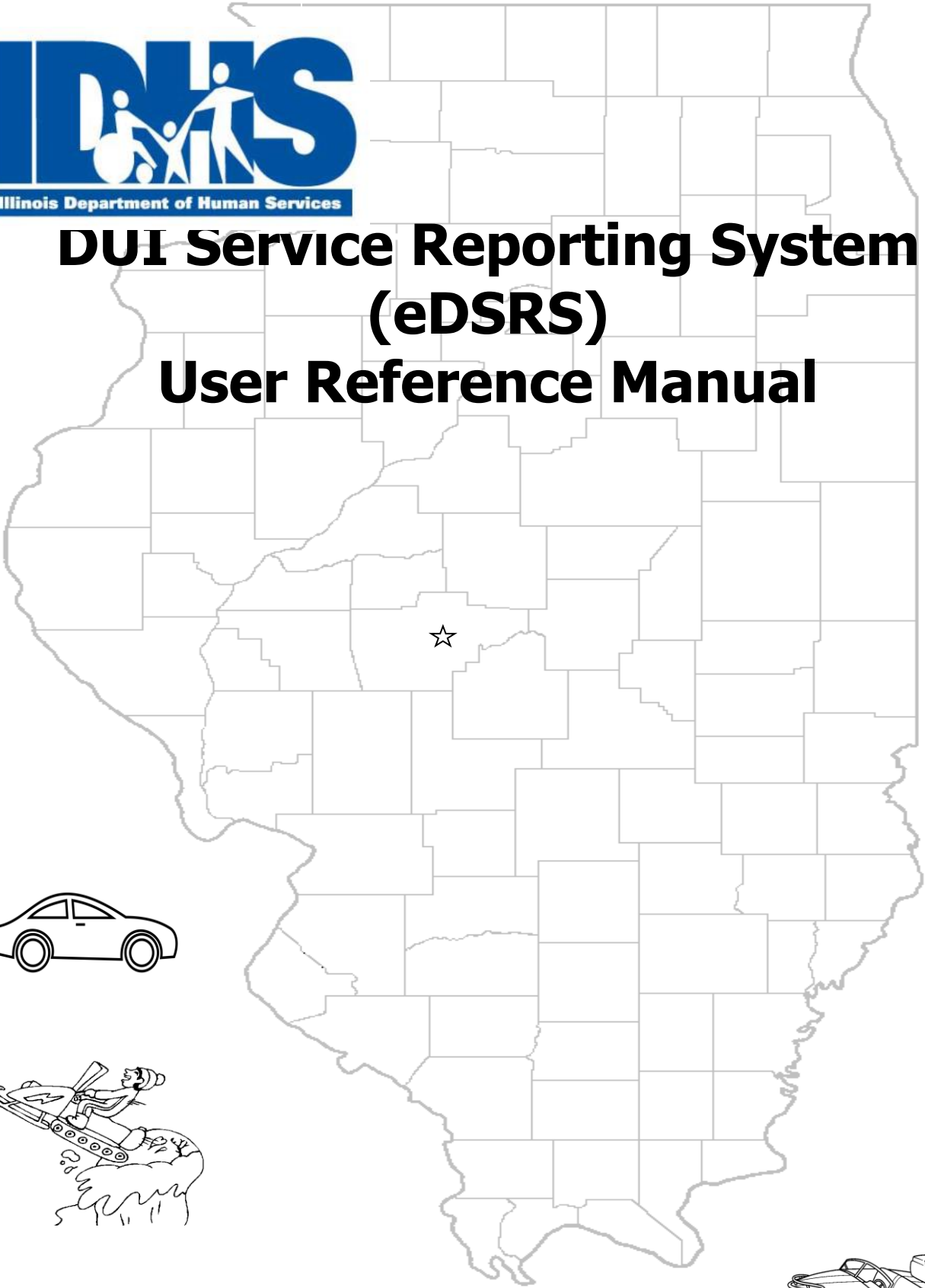




# DUI Service Reporting System (eDSRS) User Reference Manual



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## SECTION 1 - INTRODUCTION

The Unified Health Systems DUI Service Reporting System (eDSRS) application is designed to generate the Alcohol and Drug Evaluation Uniform Report and other forms and reports associated with a DUI Evaluation or DUI Risk Education program for individuals who have violated Illinois laws relative to driving under the influence of alcohol or other drugs. It also submits bills for reimbursement from the Drunk and Drugged Driving Prevention Fund (DDDPF).

eDSRS **must** be used by every licensed DUI Evaluation and DUI Risk Education Organization in accordance with the provisions of the Substance Use Disorder Act [20 ILCS 301/1-1], and the rules and regulations promulgated under this Act, Part 2060. The forms, documenting the results of the DUI Evaluation or Risk Education, are produced from eDSRS and are the only documents that should be submitted to the Circuit Court of Venue or the Office of the Secretary of State.

### **Drunk and Drugged Driving Prevention Fund**

The Drunk and Drugged Driving Prevention Fund (DDDPF) was authorized by the Illinois General Assembly in Public Act 85-1304 in order to make Evaluation and Risk Education services available to DUI offenders who have inadequate financial resources. All Organizations with a valid DUI Evaluation or DUI Risk Education license must serve indigent DUI offenders and should submit bills for reimbursement using eDSRS.

The only reimbursable services from DDDPF are DUI Evaluation and DUI Risk Education. DUI Evaluations shall be limited to one evaluation per offender per DUI episode. DUI Risk Education shall be limited to one completed course per offender per DUI episode. For billing purposes, the unit of service shall be one completed evaluation or course as described in part 2060. In order to submit a claim for reimbursement from the Drunk or Drugged Driving Prevention Fund, a Organization must verify that the offender's annual household income meets the following poverty guidelines issued by the U.S. Department of Health and Human Services, Washington, D.C. (Federal Register, February 1, 2021):

<b>Number of Dependents</b>	<b>Annual Income</b>
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
For each additional person,	add \$4,540

The "Qualifications for DUI Services as an Indigent" form [IL-444-2034] is generated by eDSRS. This form and the most recently filed Federal or State Income Tax Return or any notarized document attesting to any change in status since the last filing must be maintained in the offender's record. Other supporting documentation can include and may help prove indigent status: unemployment security documentation, pension information, retirement information, paycheck stubs, SSI, Medicaid IDHFS Recipient (ID card/award letter), or a notarized affidavit of assets and liabilities. These forms and any supporting documentation **should not** be submitted to the Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR).

The current state rate of reimbursement from the DDDPF is \$135.00 for an Evaluation and \$110.00 for Risk Education. The Organization may assess an additional indigent fee if the Organization's usual and customary charge exceeds the rate. In all cases, the indigent fee may not exceed the difference between the rate and the usual and customary charge for the service. All reasonable efforts shall be made to collect any assessed indigent fee from the offender prior to completion of the Evaluation or Risk Education service. However, if the fee is not collected from the indigent offender by the completion of services, the evaluation or certificate of completion for Risk Education shall still be released to the appropriate Circuit Court of Venue or the Office of the Secretary of State.

Claims for reimbursement will be processed in the order received according to the following billing procedures: Organizations must submit a bill within 30 days after the end of the month in which the service was provided. Services to the indigent DUI offender must be complete prior to billing. Billing for partial or incomplete services is not allowed. Should two bills be submitted for the same DUI offender for the same service for the same episode, the first bill alone shall be reimbursed.

SUPR may conduct periodic post-payment audits of indigent DUI offender records for which reimbursement was sought to determine if the services billed for were conducted in accordance with the established standards and to ensure offender eligibility and financial status. If such audit reveals that the Organization does not have the required supporting documentation, a demand for repayment will be sent to the Organization showing why payment was improper. If the Organization does not prove that payment was proper within 30 days of this notification, a "Final Notice of Intent to Recover Unsubstantiated Billings" will be sent to initiate recovery of the amount in question. Upon receipt of this final notice, the Organization may request an informal review regarding the recovery of DDDPF disbursement. The request must be submitted in writing, along with any supporting documentation, within ten working days after the date of receipt of the notice. Organizations will be notified of the resolution of the informal review. DDDPF funds will be recouped via certified cashier's check or money order due and payable within thirty calendar days of receipt of the final notice or ten calendar days after notice of resolution of the informal review, if one is requested.

### **Contact Information**

Questions concerning the eDSRS application should be directed to the MIS Unified Health Systems Help Desk by email at [DoIT.UhsInfo@Illinois.gov](mailto:DoIT.UhsInfo@Illinois.gov)

Questions concerning DUI policy should be directed to the DHS Division of Substance Use Prevention and Recovery. Help Desk by email at [DoIT.SuprHelp@illinois.gov](mailto:DoIT.SuprHelp@illinois.gov).

## SECTION 2 – GENERAL SYSTEM INFORMATION

### **System Requirements**

All licensed DUI Evaluation and DUI Risk Education organizations must have internet service and maintain an active email account. Changes to email account addresses must be submitted to DHS/SUPR by email [DoIt.SuprHelp@illinois.gov](mailto:DoIt.SuprHelp@illinois.gov). The following computer specifications were established by Management Information Services based on eDSRS requirements as currently developed. Your computer will need to meet (or exceed) the following specifications:

#### Required

Internet Explorer (IE) Version 8 or newer      or      Mozilla Firefox – most current Version  
 Adobe Acrobat      or      Adobe Reader

#### Recommended

High Speed Internet Connection  
 Wide-Screen Monitor (16x9)

### **System Security**

To protect against unauthorized access, DHS Web Applications have a timeout functionality which automatically closes your session if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment be saved with minimal data, at which time you may re-enter the segment to complete the narrative. This will prevent loss of entered data if a session timeout should occur!

**NOTE:** Keyboard activity does not reset the timer. Only clicking a button on a page will reset the timer! After 25 minutes have elapsed, a warning message will appear with a 5-minute countdown to when the application will log you off. You have the option during this 5-minute countdown to click on the refresh button to continue.

The eDSRS application uses Secure Socket Layers (SSL) encryption which is the industry-standard security system and meets the Health Insurance Portability and Accountability Act (HIPAA) compliance standards.

### **Worker Registration and Security Roles**

Each eDSRS worker must register with DHS in order to receive appropriate system access for their security role(s). Access to the UHS web-based application requires entry and approval of the email address used for registration into the Tivoli Access Manager (TAM) as required by the DHS MIS Bureau of Security and Quality Assurance (BSQA). During the registration process, workers indicate the roles they desire, and the appropriate approving entity will either grant or deny the access. A worker may have one or all four security roles.

<b>Security Role</b>	<b>Approving Entity</b>	<b>Responsibilities</b>
Organization Representative	DHS/SUPR	This worker is responsible for the overall operations at the Organization.
Organization Administration	<u>Initial:</u> Organization Representative  <u>Final:</u> DHS/SUPR	This worker is responsible for daily business operations. A list of workers awaiting TAM approval will be displayed on the home page. This worker will manage Organization Entrants (change status to active or inactive, update credentials, etc). This role also may allow changes to Evaluations after marked as completed.
Organization Fiscal Operations	<u>Initial:</u> Organization Administration  <u>Final:</u> DHS/SUPR	This worker is responsible for the financial aspect and approving DDDPF bills for submission to DHS then tracking vouchers.
Organization Entrant	<u>Initial:</u> Organization Administration  <u>Final:</u> DHS/SUPR	This worker is responsible for entering Evaluation and/or Risk Education data (evaluator/instructor). Organization Entrants must have the appropriate credentials in order to enter Evaluation information.

### Change Password / Request User ID Change

By clicking on the **OPTION** link at the top of the user's home screen, the user is given the option to change their password or request that their User ID be changed.



The following new window will appear. The user will then select the function they wish to do – Change their current password or Change their User ID and complete the required fields.

**User Maintenance**

---

**Password Change**

Required Fields \*

**Current Password:** \*

**New Password:** \*

**Verify New Password:** \*

---

**User Id Change**

If your User Id (eMail address) is changing and you will still be employed by the same Provider for which you used your current Id to logon to this Web Application, you may request a User Id change. This will preserve your ability to view current and past Evaluations and Risk Educations which you have entered in the System.

Once we have received your request, we will send an email to the new email address you specified to verify that it is a valid email address and to verify that you do wish to change your User Id. Once you have responded to our email we will forward your request to DHS MIS Security to perform the change.

**Current User Id:**

**New Email Address:** \*

**Re-Type New Email Address:** \*

### Credential Update

When Evaluators renew their credentials, the Organization Administrator is required to update the Organization Evaluator's credential expiration date in the system. The Organization Administrator can click on the Evaluator's name anywhere it appears on the website, the **Evaluator Information** screen will then show where the Expiration date can then be updated. After which the SAVE button should be clicked to save the updated information. If this is not done on time and prior to the expiration date, the Evaluator will not be able to enter data into the system.

## Login

**DHS**  
Department of Human Services

# Unified Health Systems

**User ID:**

**Password:**

Login Clear

Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution.

**Do not attempt to login unless you are an authorized user.**

*By logging into the Unified Health System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Unified Health System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password.*


The Unified Health Systems eDSRS application may be accessed by entering the URL <https://dui.dhs.illinois.gov/duisecure/dui> in the address line of your browser. This is the first page that the user will see once they have accessed the Unified Health Systems application.

1. The user should type in his/her User ID. The User ID will be the email address used for eDSRS registration.
2. After entry of a valid User ID, the application prompts the user for a "Password". The user should type in his/her unique password. When the password is entered, it will not be visible. Passwords must be eight characters in length and contain at least one letter, one number, and one special character (#, @, etc). The password MUST be changed every 30 days to keep it active. For TAM password assistance, email the DHS MIS Bureau of Security and Quality Assurance (BSQA) at the following address: [DoIT.DHS.MISSecurity@illinois.gov](mailto:DoIT.DHS.MISSecurity@illinois.gov). Or email the MIS Unified Health Systems Help Desk at [DoIT.UhsInfo@illinois.gov](mailto:DoIT.UhsInfo@illinois.gov).
  - The user must not login to the application, unless the user has followed the logout procedures. To logoff the application, click "**Logoff**" on the menu bar at the top of the page.
  - The user should only have one active session of Unified Health Systems running at a time.
3. The user must select "**Login**". The worker's eDSRS Home Page will be displayed.

**Worker Home Page**

The **eDSRS Worker Home Page** is displayed after logging into the application. The information shown on this page will be dependent upon the worker’s security role. **Help** on the menu bar displays a dropdown list which includes the *eDSRS User Reference Manual*, access to *Organization Administration* and *System Message Administration* functions, and information *About* the application and technical assistance information.

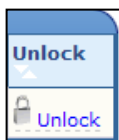
Active *Evaluations/Risk Educations* will be displayed with *Arrest Date/Time*, *Offender Name*, and *County*. *Arrest Date/Time* is a link that when clicked on will display the **Evaluation** page or **Risk Education** page depending on what is in progress. *Offender Name* is a link that when clicked on will display the **Offender Summary** page for the offender. *Services Ready for Billing Approval* will display the *Evaluator Name*, *Offender Name*, *Completion Date* and *Service Type*. Depending on the role of the worker there will also be a section for *Notifications* when a site’s license or service Organization certification/license are about to expire.

A Sort function is available at the top of each table. By clicking on the up or down  the column can be sorted in ascending or descending order.

**Unlocking A Completed Evaluation or Risk Education**

After an Evaluation or Risk Education has been completed and it becomes necessary to change its information, the Evaluator may “unlock” the record for data collection within the first 10 days. By clicking “unlock” and selecting **OK** on the window shown below, the record becomes active again and changes may be made. After the 10-day grace period, a Organization Administration worker may “unlock” the record for data correction using the same process.

**Note:** If an Evaluation has been Vouchered or is older than 180 days it cannot be Unlocked!  
 If a Risk Education has been Vouchered or is older than 60 days, it cannot be Unlocked!





## SECTION 3 – OFFENDER INFORMATION

### 3.1 OFFENDER SEARCH

Offender Search	
Basic Search Criteria	
<b>Name</b>	
Last Name: <input type="text"/>	Search Type: <input type="text" value="Exact Match"/>
First Name: <input type="text"/>	
<b>Driver's License Number</b>	
License Number: <input type="text"/>	
Additional Search Criteria	
Date of Birth: <input type="text"/>	Match By: <input type="text" value="Exact Match"/>
Gender: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	County: <input type="text" value="Unknown"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/>	

The **Offender Search** page is displayed after selecting **Offender Search** on the menu bar. A search is to be implemented to determine if an offender already exists or will need to be added to the system. A basic search must consist of either *Last Name* or *Illinois Driver's License Number*. If *Last Name/First Name* is entered a *Name Search Type* may be selected for *Sounds Like*, *Exact Match* or *Begins With* to limit the number of matches. There are also additional search criteria which may be entered to limit the number of matches. After the selected information has been entered click on **Search**.

## 3.1 OFFENDER SEARCH – continued

**Offender Search**

Basic Search Criteria	Search Results
<div style="background-color: #e6f2ff; padding: 2px;"><b>Name</b></div> Last Name: <input type="text" value="zz"/> Search Type: <input type="text" value="Begins With"/> First Name: <input type="text"/> <div style="background-color: #e6f2ff; padding: 2px;"><b>Driver's License Number</b></div> License Number: <input type="text"/> <div style="background-color: #4a7ebb; color: white; padding: 2px;"><b>Additional Search Criteria</b></div> Date of Birth: <input type="text"/> Match By: <input type="text" value="Exact Match"/> Gender: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> County: <input type="text" value="Unknown"/> <div style="border-top: 1px dashed black; padding-top: 5px;"> <input type="button" value="Add"/> <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> </div>	<div style="background-color: #e6f2ff; padding: 2px;"><b>Search Results</b></div> No Results Found.

When it has been determined that the offender does not exist in the system, the **Offender Search Results** will be displayed with the message "No Results Found". Select **Add** to enter new offender information or **Search** to search for another offender.

**Offender Search**

Basic Search Criteria	Search Results																		
<div style="background-color: #e6f2ff; padding: 2px;"><b>Name</b></div> Last Name: <input type="text" value="mou"/> Search Type: <input type="text" value="Begins With"/> First Name: <input type="text"/> <div style="background-color: #e6f2ff; padding: 2px;"><b>Driver's License Number</b></div> License Number: <input type="text"/> <div style="background-color: #4a7ebb; color: white; padding: 2px;"><b>Additional Search Criteria</b></div> Date of Birth: <input type="text"/> Match By: <input type="text" value="Exact Match"/> Gender: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> County: <input type="text" value="Unknown"/> <div style="border-top: 1px dashed black; padding-top: 5px;"> <input type="button" value="Add"/> <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> </div>	<div style="background-color: #e6f2ff; padding: 2px;"><b>Search Results</b></div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="text-align: left;">Name</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">BirthDate</th> <th style="text-align: left;">Gender</th> <th style="text-align: left;">View Details</th> </tr> </thead> <tbody> <tr> <td><a href="#">Mouse, Mickey</a></td> <td>springpatch</td> <td>IL</td> <td>06/28/2005</td> <td>Male</td> <td><a href="#">Details</a></td> </tr> <tr> <td><a href="#">Mouse, Minnie</a></td> <td>Springpatch</td> <td>IL</td> <td>06/28/2005</td> <td>Female</td> <td><a href="#">Details</a></td> </tr> </tbody> </table>	Name	City	State	BirthDate	Gender	View Details	<a href="#">Mouse, Mickey</a>	springpatch	IL	06/28/2005	Male	<a href="#">Details</a>	<a href="#">Mouse, Minnie</a>	Springpatch	IL	06/28/2005	Female	<a href="#">Details</a>
Name	City	State	BirthDate	Gender	View Details														
<a href="#">Mouse, Mickey</a>	springpatch	IL	06/28/2005	Male	<a href="#">Details</a>														
<a href="#">Mouse, Minnie</a>	Springpatch	IL	06/28/2005	Female	<a href="#">Details</a>														

When search criteria are entered and a match found, the **Offender Search Results** page will be displayed with a list of the *Name(s)* found for the match. *Name(s)* is a hyperlink which can be clicked on to add/edit Offender information. *Details* is also a hyperlink that will allow viewing only of details on the offender.

### 3.2 DUI OFFENDER INFORMATION

**Add DUI Offender Info**

Required Fields \*

**Driver's License Number(s)**

IL Driver's License Status

Driver's License available     
  Out of state record does not exist at this time  
 Undocumented Immigrant     
  Other (Alternate License# and Description below)

IL License Number or State Id: \*  Twin Indicator:

Other License Number:  State:

**Additional Demographics**

Religion: \*  Interpreter Services: \*

Physical or Mental Disability: \*

Country: \*

Employment Status: \*

Occupation: \*

Annual Income NOT Disclosed! Annual Income: \*

Number of Dependents (Including Self): \*

**Emergency Contact**

Last Name: \*  First Name: \*

Phone:

The **Add DUI Offender Information** page will be displayed when a person is found in the system and DUI offender information is to be added to the system. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Offender Search** page.

### 3.3 OFFENDER DEMOGRAPHICS

**Add Offender**

Required Fields \*

**Legal Name**

Last Name: \*  Suffix:

First Name: \*  Middle Init:

**Driver's License Number(s)**

IL Driver's License Status

Driver's License available       Out of state record does not exist at this time

Undocumented Immigrant       Other (Alternate License# and Description below)

IL License Number or State Id: \*  Twin Indicator:

Other License Number:  State:

**Address**

Street Address: \*

City: \*  State: \*   ZipCode: \*  -

County: \*   Country: \*

**Phone Numbers**

Home Phone:  Work Phone:  Ext:  Cellular Phone:

**Additional Demographics**

Date of Birth: \*   Gender: \*   Marital Status: \*

Race: \*

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown

Hispanic Origin: \*   Primary Language: \*

Religion: \*   Interpreter Services: \*

Education Level: \*

Employment Status: \*

Physical or Mental Disability: \*

Occupation: \*  Citizenship: \*

Annual Income NOT Disclosed! Annual Income: \*

Number of Dependents (Including Self): \*

**Emergency Contact**

Last Name: \*  First Name: \*

Phone:

The **Add Offender** page will be displayed when a new person is to be added to the system. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. When selecting **Race** information, select all of the race groups the offender appears to belong, identifies with, or is regarded in the community as belonging. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to create the Offender record and continue to the **Offender Summary** page or **Cancel** when information has been entered in error and is not to be saved and return to the **Offender Search** page.

### 3.4 OFFENDER SUMMARY

Offender Summary																			
<b>Legal Name</b> Last Name: <b>Mouse</b> First Name: <b>Minnie</b> Middle Init: <b>J</b> <a href="#">Edit</a>		<b>Demographics</b> IL License # or State ID: <b>M12345678901</b> Other License #: <b>isldkf739d84jdy - Mariana Islands</b> Birth Date: <b>01/29/1980</b> Gender: <b>Female</b> Race(s) <b>White</b> Hispanic Origin: <b>Mexican/Mexican American</b> Primary Language: <b>Sign Language</b> Education Level: <b>High school graduate or equivalency certificate</b> Employment Status: <b>Employed part time (unsubsidized)</b> Annual Income: <b>10891</b> Number of Dependents (Including Self): <b>2</b> <a href="#">Indigent Qualification Form</a> <a href="#">View Full Demographics</a>																	
<b>Address</b> Street Address: <b>101 N. Main</b> City: <b>Springpatch</b> State: <b>Illinois</b> ZipCode: <b>62526 - 1234</b> County: <b>Champaign</b> <a href="#">Edit</a>																			
<b>Phones</b> Home Phone: <b>(217) 555-5555</b> Work Phone: <b>Ext:</b> Cellular Phone: <b>(217) 555-5555</b> <a href="#">Edit</a>																			
<b>Evaluation</b> <table border="1"> <thead> <tr> <th>Arrest Date/Time</th> <th>County</th> <th>Status</th> <th>Unlock</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">No Evaluations found...</td> </tr> </tbody> </table> Site: <input type="text"/> <a href="#">New</a>		Arrest Date/Time	County	Status	Unlock	No Evaluations found...				<b>Risk Education</b> <table border="1"> <thead> <tr> <th>Arrest Date</th> <th>County</th> <th>Disposition</th> <th>Unlock</th> </tr> </thead> <tbody> <tr> <td>12/10/2010</td> <td>Saline</td> <td> Terminated</td> <td>Not Applicable</td> </tr> </tbody> </table> Site: <input type="text"/> <a href="#">New</a>		Arrest Date	County	Disposition	Unlock	12/10/2010	Saline	Terminated	Not Applicable
Arrest Date/Time	County	Status	Unlock																
No Evaluations found...																			
Arrest Date	County	Disposition	Unlock																
12/10/2010	Saline	Terminated	Not Applicable																

The **Offender Summary** page will be displayed when an offender name was selected from the **Offender Search Results** page. Hyperlinks are below each section to allow editing of offender information. If an Evaluation or Risk Education is already in progress, click on the desired date of arrest to access the data entry page. If there are no active Evaluation or Risk Education in progress, select the appropriate site then click on "**New**" to add the information.

The official DHS forms for Circuit Courts of venue and Secretary of State may also be printed from the **Offender Summary** page. The appropriate DUI service form can be printed by clicking the desired evaluation or risk education entry's status/disposition when the printer symbol is present. If the offender has qualified as an indigent, the button to print/view the form will be located in the Demographics section.

An Evaluation, or Risk Education, may be "Unlocked" from the Offender Summary screen. The functionality of the "Unlock" is the same as that on the Home page –

- Evaluators have 10 days to unlock a completed Evaluation or Risk Education.
- A Organization Representative or Organization Administrator has 180 days to unlock an Evaluation.
- A Organization Representative or Organization Administrator has 60 days to unlock a Risk Education.
- An Evaluation or Risk Education which does not meet the preceding criteria, or one which has entered the Billing process, cannot be unlocked!

## SECTION 4 – EVALUATION INFORMATION

Evaluation	
<a href="#">Current DUI Arrest Information</a>	✓
<a href="#">Alcohol and Drug Related Legal &amp; Driving History</a>	✓
<a href="#">Significant Alcohol/Drug Use History</a>	✓
<a href="#">Objective Test Information</a>	✓
<a href="#">Criteria For Substance Use Disorder</a>	✓
<a href="#">Offender Behavior</a>	✓
<a href="#">Classification/Minimal Required Intervention</a>	✓
<a href="#">Disposition</a>	*

✓ Required fields have been entered  
 \* Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.

[Preview Evaluation Form](#) [Cancel](#)

The **Evaluation** page is displayed after selecting an evaluation already in progress from the **Offender Summary** page. A green checkmark (✓) next to the evaluation sub-section indicates the information is complete and passed validation; no further required information to be entered. A red asterisk (\*) next to the evaluation sub-section indicates the information is incomplete and all required fields have not been entered. The worker can save partial information (to be completed at a later date) without completing all checklist items. All fields are hyperlinks and can be clicked on to access the information on the following pages.

On many of the data collection pages, the response to a question posed may require entry of additional information. In these instances, a text box will appear for data entry. These narrative responses will be displayed on the official forms, as appropriate.

A DRAFT or "Preview" of the Evaluation form can be printed for review purposes.

When all information has been entered, select **Disposition** to finish the Evaluation process.

If the Disposition selected was for "Completed", the **Alcohol and Drug Evaluation Uniform Report** form can now be printed by clicking on *Print/View Evaluation Form (Completed)*. If the Disposition selected was for "Not Completed", the **Notice of Incomplete/Refused Alcohol and Drug Evaluation** form can now be printed by clicking on *Print/View Evaluation Form (Not Completed)*.

If there is a previously completed and billed DUI Evaluation for the same arrest date by another agency you will see the following appear at the top of this screen:

Evaluation
Previously Billed to DDDPF by a different Provider now in PAID Status

## 4.1 CURRENT ARREST INFORMATION

**Current DUI Arrest Information Results**

\* Required Fields

Referral Source \*

Beginning Date of Evaluation: \*

Date of Arrest: \*  Day of Arrest: Thursday

Time of Arrest: (hh:mm am/pm) \*  :

County of Arrest: \*

Blood-Alcohol Concentration (BAC) at Time of Arrest: \*  (Enter 'RT' if Refused Test or 'NA' for Not Applicable)

Was Blood and/or Urine Testing performed? If yes, please provide results. \*  Yes  No

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

1. (Most consumed)

2.

3.

4.

5. (Least consumed)

**Arrest Substance Narrative**

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

\*  
(500 characters max)  
You have 500 characters left.

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

Yes  No  Not Applicable

This page is displayed after selecting **Current DUI Arrest Information** from the **Evaluation** page or **New** from the **Offender Summary** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

## 4.2 ALCOHOL and DRUG RELATED LEGAL & DRIVING HISTORY

### Add Alcohol and Drug Related Legal & Driving History

Does the offender have any alcohol and drug related driving information to be reported, any discrepancies between information reported by the offender and information on the driving record?

Yes  No

**CAUTION: DO NOT INCLUDE INFORMATION REPORTED IN THE FIRST SEGMENT -- CURRENT DUI ARREST INFORMATION -- IN THIS PRIOR HISTORY SECTION.**

#### DUI Dispositions Prior to Current Date of Arrest

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

Date of Arrest	Date of Conviction or Court Supervision	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>

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

#### Statutory Summary/Implied Consent Suspensions Prior to Current Date of Arrest

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

Date of Arrest	Effective Date of Suspension	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>

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

#### Reckless Driving Convictions Prior to Current Date of Arrest

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

Date of Arrest	Date of Conviction	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>
<input type="text"/>	<input type="text"/>	• <input type="text"/>

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



## 4.2 ALCOHOL and DRUG RELATED LEGAL & DRIVING HISTORY - continued

Zero Tolerance Suspensions	
Zero tolerance suspensions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):	
Date of Arrest	Effective Date of Suspension
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Illegal Transportation Convictions	
Illegal transportation convictions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):	
Date of Arrest	Date of Conviction
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Driving Record Discrepancies	
Were there any discrepancies between information reported by the offender and information on the driving record? If yes, please provide results.	
<input type="radio"/> Yes <input type="radio"/> No	
Boating/Snowmobiling	
Describe any boating/snowmobiling under the influence arrests as reported by the offender (including out-of-state dispositions):	
(500 characters max) You have <input type="text"/> characters left.	
<input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

This page is displayed after selecting **Alcohol and Drug Related Legal & Driving History** from the **Evaluation** page and indicating there is alcohol and drug related legal and driving information to be reported. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. When a disposition date is pending or unknown, enter 01/01/9999 and "Pending/Unknown" will be displayed on the **Alcohol and Drug Evaluation Uniform Report**. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

### 4.3 SIGNIFICANT ALCOHOL/DRUG USE HISTORY

#### Significant Alcohol/Drug Use History Results

\* Required Fields

#### Chronological History

Provide a complete and accurate chronological history of the offender's alcohol and drug use from the onset of use up to and including his/her last alcohol/drug-related arrest and from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date. Report alcohol/drug use by frequency, type, amount, and duration of said patterns with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications and any drug use, amounts needed to become intoxicated. List the dates and locations of all prior attempts the offender has made to limit consumption or achieve abstinence as a means to avoid any further consequences of substance use. List the dates and locations of all services the offender has received where substance use was a primary or contributing factor for attendance. These can include, but are not limited to medical care, mental health services, relationship or pastoral counseling, Employee Assistance Programs (EAP), and Student Assistance Programs (SAP). List the dates and locations of all previous substance abuse treatment and intervention services. Indicate if mixed drinks are single shot, doubles, or free poured; indicate if beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and indicate the glass size in ounces if consuming wine or mixed drinks. Report offender's first intoxication and whether offender exhibited vivid recall of this event. Report when offender first exhibited alcohol and drug related problems.

Alcohol/Drug	Age of First Use	Age of First Intoxication (Enter 'NA' if Not Applicable)	Age of Regular Use	Year of Last Use
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

#### Chronological History Narrative: \*

(3000 characters max)

You have characters left.

test

#### Current Medications

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 medication and whether he/she has ever illegally obtained prescription medication.

- Applicable  Not Applicable

#### Family Member Addictions

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.

- Applicable  Not Applicable

#### Peer Group Addictions

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.

- Applicable  Not Applicable

#### Substance Use

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):

(500 characters max)

You have 500 characters left.

#### Significant Other Interview

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

- Applicable  Not Applicable

**Treatment Services**

Applicable       Not Applicable

**Support Groups**  
Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement

Applicable       Not Applicable

**Impairments**  
Has substance use negatively impacted the client's major life areas?

<b>Family</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Marriage or significant other relationships</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Legal status</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Socially</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Vocational/Work</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Economic status</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable
<b>Physically/Health</b>	<input type="radio"/> Applicable	<input checked="" type="radio"/> Not Applicable

This page is displayed after selecting **Significant Alcohol/Drug Use History** from the **Evaluation** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

After completing the chronological narrative there are several areas to add specific information. By checking applicable, a dialog box will open that will allow you to enter relevant information. In the section titled **Impairments**, almost all cases should include some applicable information. Such as in legal - - it is apparent that the client had some legal issues since they have at least 1 DUI. This may have also, impacted other life areas such as economics, family or social life.

#### 4.4 OBJECTIVE TEST INFORMATION

**Objective Test Information Results**

\*\* Results from at least one test is required. \*\*

Mortimer/Filkins Score:  Category:

Adult Substance Use and Driving Survey (ASUDS) Score:

Driver Risk Inventory (DRI) Scales and Risk Ranges

Validity Scale:

Alcohol Scale:

Driver Risk Scale:

Drugs Scale:

Stress Coping Abilities Scales:

This page is displayed after selecting **Objective Test Information** from the **Evaluation** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

## 4.5 CRITERIA FOR SUBSTANCE USE DISORDER

<i>Substance Use Disorder Results</i>	
<span style="color: red;">Status: Completed</span>	
<b>Substance Use Disorder Criteria</b>	
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.	
<input type="checkbox"/>	Alcohol or drugs are taken in larger amounts or over a longer period than intended.
<input type="checkbox"/>	There is a persistent desire or unsuccessful efforts to cut down or control alcohol or drug use.
<input type="checkbox"/>	A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of alcohol or drug use.
<input type="checkbox"/>	Craving, or a strong desire or urge to use alcohol or drugs.
<input type="checkbox"/>	Recurrent alcohol or drug use resulting in a failure to fulfill major role obligations at work, school or home.
<input type="checkbox"/>	Continued alcohol or drug use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or drugs.
<input type="checkbox"/>	Important social, occupational, or recreational activities are given up or reduced because of alcohol or drug use.
<input type="checkbox"/>	Recurrent alcohol or drug use in situations in which it is physically hazardous.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Withdrawal - As manifested by either the characteristic withdrawal syndrome for alcohol or drugs, or alcohol or drugs are taken to relieve or avoid withdrawals.
<b>Remission Status</b>	
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 course specifier that reflects the offender's current status.	
<b>Early Remission: After full criteria for Substance Use Disorder were previously met, none of the Substance Use Disorder criteria have been met for at least 3 months but less than 12 months. (With the exception of craving, or a strong desire or urge to use alcohol or drugs)</b>	
Remission Status Narrative	
<b>Written narrative.</b>	
<b>Prior History</b>	
Has the offender ever met Substance Use Disorder criteria by prior history but is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria was 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 last episode, the total duration of the episode, and any need for continued evaluation or monitoring.	
<b>Yes</b>	
Substance Use Disorder History Narrative	
<b>Written narrative.</b>	
<input type="button" value="Cancel"/>	

This page is displayed after selecting **Criteria for Substance Use Disorder** from the **Evaluation** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

## 4.6 OFFENDER BEHAVIOR

**Add Offender Behavior**

\* Required Fields

**Offender Behavior Responses**

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

(800 characters max)  
You have characters left.

**Offender Behavior Disorders**

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

(800 characters max)  
You have characters left.

**Offender Behavior Assistance**

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

(800 characters max)  
You have characters left.

**Offender Evaluation Location**

Where was the offender interview conducted? \*

Licensed Site     Non-Licensed Site

This page is displayed after selecting **Offender Behavior** from the **Evaluation** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

#### 4.7 CLASSIFICATION/ MINIMAL REQUIRED INTERVENTION

**Add Classification/Minimal Required Intervention**

\* Required Fields

**Classification: Moderate Risk**

Discuss how corroborative information from both the interview and objective test either correlates or does not correlate with the information obtained from the DUI/alcohol/drug offender. \*

(500 characters max)  
You have characters left.

**Minimal Required Intervention:**

**MODERATE RISK: Completion of a minimum of 10 hours of DUI Risk Education, and a minimum of 12 hours of early intervention provider over a minimum consecutive days, subsequent completion of any and all necessary of four weeks with no more than three hours per day in any seven treatment, and, after discharge, active on going participation in all activities specified in the continuing care plan, if so recommended, following completion of the early intervention.**

The offender was referred as follows: \*

(250 characters max)  
You have characters left.

This page is displayed after selecting ***Classification/Minimal Required Intervention*** from the **Evaluation** page. Fields marked with an asterisk (\*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select ***Save*** to save the information or ***Cancel*** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

## 4.8 EVALUATION DISPOSITION

**Add Disposition** DU

Disposition \*  Active/In Progress  Completed  Not Completed  Entered in Error

Completion Date of Evaluation: \* 05/16/2013

Number of Appointments: \*

Hours for Interviews: \*

Hours for Paperwork: \*

Windows Internet Explorer

By selecting "OK", you will save this evaluation as completed. You will be allowed to unlock this evaluation for 10 days to make changes. After the initial 10 days only an agency administrator may unlock a closed evaluation for the original entrant to make additional changes and updates. The administrator may unlock evaluations for 180 days or until the evaluation has been billed/vouchered to the department whichever comes first.

If you are not ready to complete this evaluation, select "Cancel".

This page is displayed after selecting **Disposition** from the **Evaluation** page. Fields marked with an asterisk (\*) are required. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page. Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page after the verification process is complete.

When **Completed** is selected, the screen will expand to collect the date on which the evaluation was completed.

Disposition \*  Active/In Progress  Completed  Not Completed  Entered in Error

Completion Date of Evaluation: \*

Select **Save** to save the information as **Completed**. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.

Windows Internet Explorer

By selecting "OK", you will be allowed to save this evaluation as completed and you will be prevented from making additional updates to the information.

If you are not ready to complete this evaluation, select "Cancel".



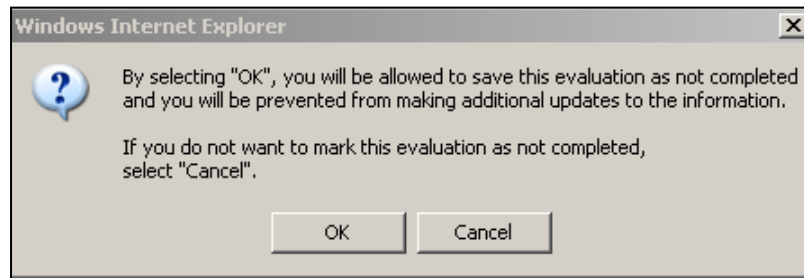
#### 4.8 EVALUATION DISPOSITION - continued

When *Not Completed* is selected, the following screen will appear to select the reason why the evaluation could not be completed. **NOTE:** Entering *Not Completed* will make all previously entered information inaccessible. Do Not enter a *Not Completed* if you wish to access this information at a later date.

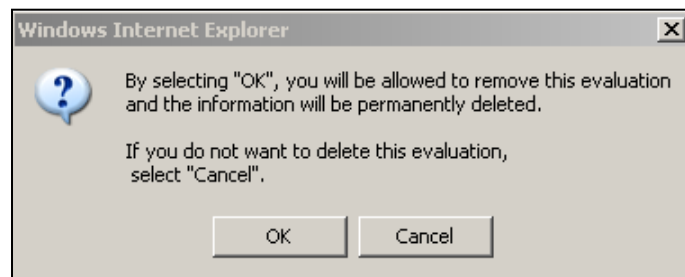
Incomplete Reason \*

- Offender would not sign the informed consent form
- Offender did not return to obtain a copy of the evaluation within 30 days
- Offender did not return to sign a copy of the evaluation within 30 days
- Offender refused to sign evaluation
- Offender refused to accept evaluation
- Offender did not complete the evaluation
- Other

Select **Save** to save the information as *Not Completed*. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.



When *Entered in Error* is selected, select **Save** and the following window will appear for verification. After selecting **OK** on the window, the Evaluation information will be permanently deleted.




## SECTION 5 – RISK EDUCATION INFORMATION









### 5.1 RISK EDUCATION

**Add Risk Education** \* Required Fields

---

**Offender Information**  
 Last Name: **Flanders** First Name: **Jack** Middle Initial: **A** IL Drivers License: **ABC123456789**

**Arrest Information**  
 Date of Arrest: \*    
 County of Arrest: \*

**Attendance Dates**  
 Date 1: \*   Date 2:   Date 3:   Date 4:    
 Date 5:   Date 6:   Date 7:   Date 8:  

**Test Scores/Hours Met**  
 Pre Test Score: \*  Post Test Score:   
 Hours Met Indicator:  Yes  No

Hours Met Narrative:  
 (250 characters max)  
 You have  characters left.

The **Risk Education** page is displayed after selecting a risk education already in progress or **New** from the **Offender Summary** page. Fields marked with an asterisk (\*) are required fields, but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. The worker can save partial information (to be completed at a later date) without completing all items. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

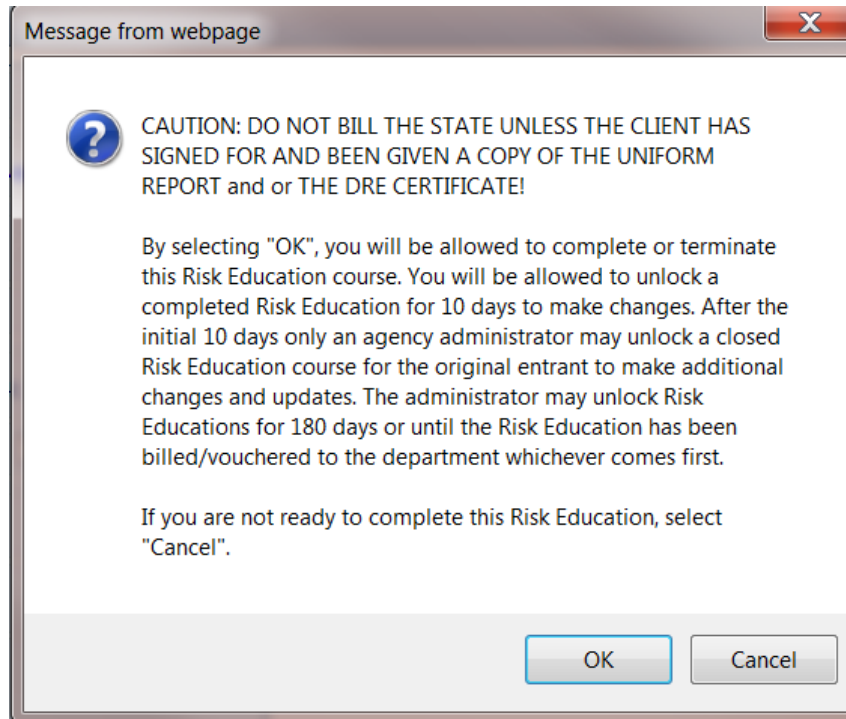
Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Offender Summary** page.

If a previous Risk Education Certificate has been completed and billed by another agency you will see the following at the top of your new Risk Education Certificate screen:

Previously Billed to DDDPF by a different Provider now in PAID Status

## 5.2 RISK EDUCATION DISPOSITION

Select **Complete/Terminate** on the previous screen to enter the disposition. The following window will appear.



After selecting **OK** on the window above, the Disposition area will be displayed on the screen. Once the appropriate disposition has been saved, no changes can be made to the Risk Education information.

**Disposition**

**\*\* Only finish this section if you are ready to complete or terminate. \*\*\***

Disposition: \*  Completed  Terminated

Disposition Date: \*

Termination Reason: \*  
(250 characters max)  
You have  characters left.

Save Cancel

Once the Disposition is selected, the **Certificate of Completion** or **Notice of Involuntary Termination** form can be printed from the **Offender Summary** page. Risk Education Certificate of Completion forms may be run within 6 months.

## SECTION 6 – ORGANIZATION INFORMATION

### 6.1 ORGANIZATION INFORMATION

*(Organization: Test Provider)*

Organization Name: Test Provider FEIN: 123456789 Organization ID: 9999

Street Address: 1313 Mockingbird Ln

City: Springpatch State: Illinois ZipCode: 62701 County: Sangamon

Phone Number: (217) 555-5555

Representative on file - Name: Herman Munster Phone Number: (217) 555-9999 Email Address: TestProv@work.com

*Active Workers by Security Role*

Organization Representative

No Workers Found!

Organization Administration

No Workers Found!

Organization Fiscal Operations

No Workers Found!

Select **Organization** from the menu bar to display the **Organization Summary** page. Basic Organization information on file with DHS will be displayed along with active workers by approved Organization level security role. All licensed sites and evaluators will be displayed in a table format with a hyperlink to detailed information. Click on the *Evaluator Name* hyperlink to view/change information on an evaluator.

Organization and site information can only be changed by the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery.

## **Removal of Workers**

Next to each worker's name on the Organization's Summary page, after each Security role, there is a link ("Remove") which allows the removal of a worker from that role. An Organization Representative may remove a worker from any role; however, Organization Administrators may only remove those in a Fiscal or an Entrant role. In the list of Evaluators this functionality is located in the last column of the Evaluator table. When "Remove" is clicked, the following screen will appear –

**User Removal**

The individual indicated below will be removed from the specified Role:

**Organization Representative**

User: paul.woolsey@external.illinois.gov (Woolsey, paul)

**Remove User from all DUI Roles**

Note: Once all roles have been removed, a user they will no longer be able to logon to the eDSRS Web Application; however, all prior Evaluations or Risk Educations performed will be maintained and identified as being performed by the user after removal!

Process Cancel

If the worker is no longer actively employed, then you may check "Remove User from All DUI Roles" which will permanently close the worker and disassociate the worker from your Organization. If the worker is on temporary leave, it is best to mark the Evaluator as "Inactive" which will prevent the worker from logging on but will not require the worker to repeat the Registration process once they have returned.

Note:

- 1) The worker will still be identified by name on all prior Evaluations or Risk Educations!
- 2) If the worker belongs to only one role, and is removed from that role, the worker will be disassociated from your Organization

## 6.2 SITE INFORMATION

License Number: <a href="#">A-9999-0000-A</a> Site Name: <a href="#">Test Site</a>
Approval Date: <a href="#">07/01/2011</a> Expiration Date: <a href="#">06/30/2012</a> Effective Date: <a href="#">07/01/2011</a> Termination Date: <a href="#">01/01/9999</a>
Street Address: <a href="#">1313 Mockingbird Ln</a> City: <a href="#">Springpatch</a> State: <a href="#">Illinois</a> ZipCode: <a href="#">62701</a> County: <a href="#">Sangamon</a> Phone Number: <a href="#">(217) 555-5555</a>
Representative) Name: <a href="#">Eddie Munster</a> Phone Number: <a href="#"></a> Email Address: <a href="#">TestSite@work.com</a>
<b><u>Services Provided</u></b> <ul style="list-style-type: none"><li>• <a href="#">DUI Evaluation</a></li><li>• <a href="#">DUI Risk Education</a></li><li>• <a href="#">Level I Outpatient (Adult)</a></li><li>• <a href="#">Level I Outpatient (Adolescent)</a></li><li>• <a href="#">Level II Intensive Outpatient (Adult)</a></li><li>• <a href="#">Level II Intensive Outpatient (Adolescent)</a></li></ul>

The **Site Information** window is displayed after selecting ***Organization*** from the menu bar and clicking on the *License Number* hyperlink for a specific licensed site listed on the page. Close the window to return to the **Organization Summary** page.

### 6.3 EVALUATOR INFORMATION

**Add Evaluator** \* Required Fields

---

**Evaluator Information**















Evaluator Email Address: **puppy@home.com**

Last Name: \*  First Name: \*  Middle Initial:

DUI Orientation Status: \*  Yes  No

Employment Status: \*  Active  Inactive

\*\*\* At least one Expiration Date must be entered \*\*\*

Credentials	Expiration Date (mm/dd/yyyy)
Certified Advanced Alcohol & Other Drug Abuse Counselor (CAADC)	<input type="text"/> 
Certified Alcohol, Tobacco & Other Drug Abuse Preventionist (CADP) - Risk Ed Only	<input type="text"/> 
Certified Alcohol & Drug Counselor (CADC)	<input type="text"/> 
Certified Assessment & Referral Specialist (CARS)	<input type="text"/> 
Certified Reciprocal Alcohol & Other Drug Abuse Counselor (CRADC)	<input type="text"/> 
Certified Supervisor Alcohol & Other Drug Abuse Counselor (CSADC)	<input type="text"/> 
Certified Senior Alcohol, Tobacco & Other Drug Abuse Preventionist (CSADP) - Risk Ed Only	<input type="text"/> 
Doctor of Medicine (MD)	<input type="text"/> 
Doctor of Osteopathy (DO)	<input type="text"/> 
Licensed Clinical Professional Counselor (LCPC)	<input type="text"/> 
Licensed Clinical Psychologist (LCP)	<input type="text"/> 
Licensed Clinical Social Worker (LCSW)	<input type="text"/> 
Licensed Professional Counselor (LPC)	<input type="text"/> 
Licensed Social Worker (LSW)	<input type="text"/> 

The **Evaluator** page will be displayed after an evaluator was selected on the **Summary** page. Fields marked with an asterisk (\*) are required fields, but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Summary** page.

## Evaluator Maintenance

Under the Organization tab on the Home page, there is a drop-down selection that can be used to change the assignment of an Evaluator to Evaluations and/or Risk Education Certificates. This function can **only** be accessed by those individuals who have registered with the Organization Representative or Organization Administrator role.



First hover on the Organization Search menu item – then click on the *Evaluator Maintenance* option that will appear in the drop-down. Once that is done the following window will appear.

 A screenshot of the 'Evaluator Maintenance' form. The form has a title bar 'Evaluator Maintenance' and a 'Required Fields \*' indicator. The main content area is divided into sections:
 

- Criteria for Transfer (Status)**: A blue header with a warning: 'Only Active Evaluations or Active Risk Educations may be transferred at the Provider level. If Completed data needs to be transferred, please contact DASA for assistance!'. Below are two checkboxes:
  - \* Active, Active Revised
  - Completed, Completed Revised, Entered In-Error, Terminated
- Source and Target Evaluator**: Two dropdown menus labeled 'Source Evaluator: \*' and 'Target Evaluator: \*'.
- Sites found for Source Evaluator**: A section header for a list of sites.

 At the bottom, there are three buttons: 'Refresh', 'Process', and 'Clear'.

Only Evaluations and/or Risk Education certificates having a Status of “Active” or “Active Revised” can be transferred from one Evaluator to another at the Organization security level.

Once the appropriate Source Evaluator (the individual who created the Evaluation/Risk Education certificate) is selected, the Evaluations and/or Risk Education Certificates currently associated with that Evaluator are displayed by Site (shown on the next page). For each Site displayed, the option of “None”, “All”, or a specific Evaluation and/or Risk Education certificate must be selected for Evaluations and Risk Education certificates displayed for each Licensed Site. The Target Evaluator must also be indicated prior to transfer. An Evaluation and/or Risk Education certificate may be transferred to a different Licensed Site number; however, the default sets the Target Site number to that of the Source Site number.



**Evaluator Maintenance**

Required Fields \*

**Criteria for Transfer (Status)**  
**Only Active Evaluations or Active Risk Educations may be transferred at the Provider level. If Completed data needs to be transferred, please contact DASA for assistance!**

\* Active, Active Revised  
 Completed, Completed Revised, Entered In Error, Terminated

**Source and Target Evaluator**  
Source Evaluator: \* Currie, David (david.currie@illinois.gov) ▼  
Target Evaluator: \* Flanders, Jack T (DUITST01) ▼

**Sites found for Source Evaluator**  
Licence Number: A-0589-0004-A  
Site Name : HEALTHCARE ALTERNATIVE SYSTEMS, INC.  
Address: 2755 WEST ARMITAGE AVENUE, CHICAGO  
Number of Evaluations: **4**      Number of Risk Educations: **0**

Transfer Evaluation(s): \* 01/04/2012-10:00 PM (Smith, Bob) ▼

New Site License Number: \* A-0589-0004-A ▼

Licence Number: A-0589-0007-A  
Site Name : HEALTHCARE ALTERNATIVE SYSTEMS, INC. (HAS)  
Address: 5005 W. FULLERTON AVE., CHICAGO  
Number of Evaluations: **1**      Number of Risk Educations: **0**

Transfer Evaluation(s): \* 08/25/2010-07:30 PM (Jones, Mary) ▼

New Site License Number: \* A-0589-0007-A ▼

Refresh      Process      Clear

Once all required fields have been entered, Click the “Process” button. When the transfer has been completed the following window will appear to the right of the *Evaluator Maintenance* window or it will appear just below the *Evaluator Maintenance* window depending upon the resolution of your screen.

**Transfer Results**

Source Provider: **HEALTHCARE ALTERNATIVE SYSTEMS, INC.**  
Source Evaluator: **Currie, David**    Target Evaluator: **Flanders, Jack T**  
License Number: **A-0589-0004-A to License Number: A-0589-0004-A**

1. Evaluation for Smith, Bob with an Arrest Date and Time of 05/24/2011 - 12:30 PM transferred...

Print

This new window displays a numbered list of each Evaluation and/or Risk Education Certificate which was transferred between the two Evaluators by Licensed Site number. This window is printable so that you have a record of the transfer.

## SECTION 7 – DDDPF BILLING/VOUCHERS

The **DDDPF Billing Approval** and **DDDPF Vouchers** pages are displayed by selecting *Billing* from the Menu Bar and selecting either *Billing Approval* or *Vouchers* from the drop-down list.

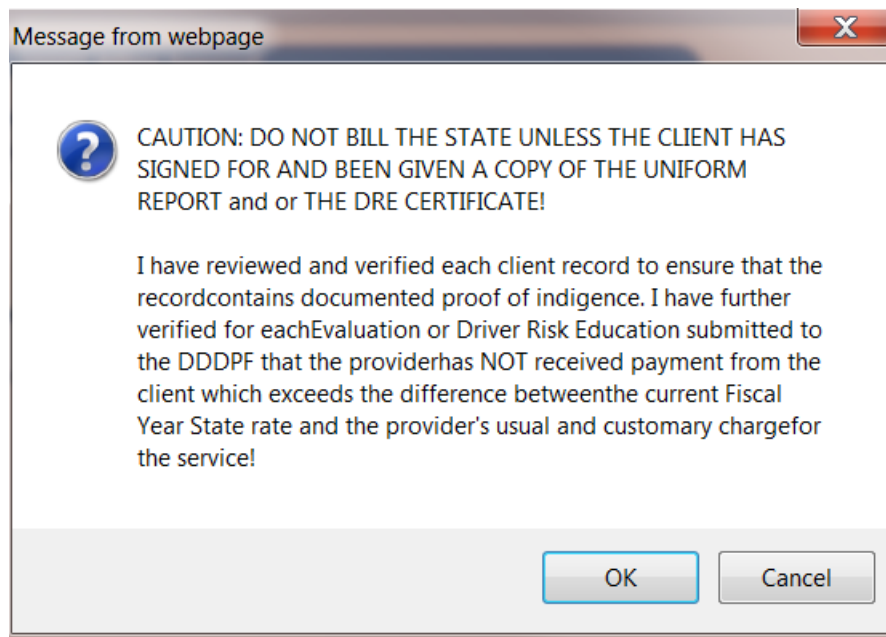
### 7.1 DDDPF BILLING APPROVAL

The screenshot shows the 'DDDPF Billing Approval' web application interface. At the top, there is a header bar with the title 'DDDPF Billing Approval'. Below the header, there is a checkbox labeled 'Select/Deselect All for Approval'. Underneath, there is a table with the following columns: 'Approval Indicator', 'Service Type', 'Evaluator Name', 'Offender Name', 'Completion Date', and 'Bill Amount'. At the bottom right of the interface, there are two buttons: 'Save' and 'Cancel'.

The **DDDPF Billing Approval** page displays the DDDPF billings for DUI offenders that have met the qualifications for inadequate financial resources. The type of service, evaluator name, offender name, service completion date, and bill amount are displayed on the screen. The Organization Fiscal worker must mark the *Approval Indicator* in order for the bills to be submitted for reimbursement. The approved billings are collected and processed by DHS on a weekly basis, normally on Sunday evening.

DDDPF bills will only be displayed and billable when they are within the last day of the succeeding month from the completion date of the service. If the DDDPF does not have sufficient funds, no bills may be submitted to DHS.

Upon clicking "Save", you will be prompted to verify that the offenders are all indigent and payment was not received for any of the Evaluations or Driver Risk Educations which are being submitted to the DDDPF.



**7.2 DDDPF SUBMITTED VOUCHERS**

DDDPF Submitted Vouchers				
Voucher Date	Voucher Number	Total Amount	Voucher Status	Warrant Date
Cancel				

The **DDDPF Submitted Vouchers** page displays the submitted vouchers with the Voucher Date, Voucher Number, Total Amount, Voucher Status and Warrant Date.

The values for Voucher Status are:

- New - no voucher has been issued
- DHS - is in processing at DHS, not sent to Comptrollers
- Comptroller - has been sent to Comptroller’s Office, no waiver as yet
- Paid - Comptroller has issued a warrant and
- Voucher Missing - voucher is missing from DHS and Comptroller’s office

The *Voucher Number* is a link that when clicked on will display the **Voucher Details** page. This page will display the breakdown of billing information on the particular voucher.

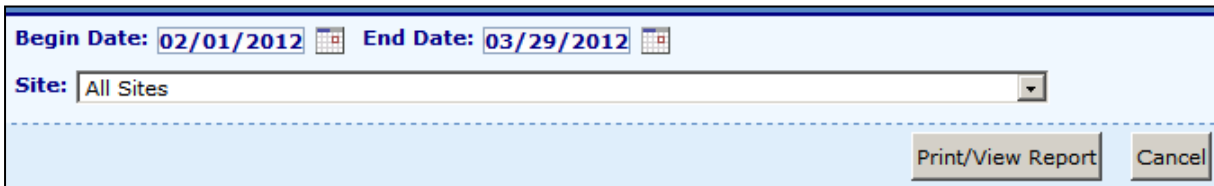
Voucher Number: LDD000733				
Voucher Details				
Evaluator Name	Offender Name	Bill Amount	Service Type	Completion Date

## SECTION 8 – REPORTS

The statistical reports are generated by selecting *Reports* from the Menu Bar and clicking on the desired report from the drop-down list. Available reports include:

- **Evaluation Statistics**– displays offender and select evaluation summary information
- **Evaluation Services** – list of offenders receiving evaluation services
- **Risk Education Statistics** – displays offender and select course summary information
- **Risk Education Services**– list of offenders receiving risk education services
- **Evaluator/Educator Info** – list of entrant role staff and their credentials
- **DDDPF Billing** – list of offenders qualified for billing and corresponding bill/voucher information
- **Organization Worker List** – list of active workers and their security role(s) approved during registration

The following window will appear for those reports requiring additional selection options. The service completion begin date and end date will contain default dates and may be changed to the desired period. Reports may be generated for a single site or all sites for a Organization. After the selection criteria are entered, click on ***Print/View Report*** to produce the report or ***Cancel*** when the report is not to be generated.



The screenshot shows a window with a light blue background. At the top, there are two date pickers: "Begin Date: 02/01/2012" and "End Date: 03/29/2012", each with a small calendar icon to its right. Below the dates is a "Site:" label followed by a dropdown menu currently displaying "All Sites". At the bottom right of the window, there are two buttons: "Print/View Report" and "Cancel".

## SECTION 9 – RESOURCES

### External Web Sites

- **University of Illinois in Springfield** – this web site link takes you to the Center for State Policy and Leadership – Institute for Legal, Legislative and Policy Studies. Here you will find information on DUI Service Organization Training and contact information.
- **Secretary of State Cyber Drive** – this web site link takes you to Jesse White, Secretary of State’s web site for the Administrative Hearings Department.
- **eDSRS Registration** – this link will take you to the web site where new eDSRS Evaluators/Users can register for access to the web site application.

### Forms

- **Informed Consent – English**
- **Informed Consent – Spanish**
- **Referral List Verification – English**
- **Referral List Verification – Spanish**
- **Backup/Draft Uniform Report**

Instructions for the Backup/Draft Uniform Report: To obtain a Backup/Draft copy of a Uniform Report that you can use when the system is not available, follow these instructions:

- After logging into the eDSRS system, use your mouse to activate the drop-down menu for **Resources**.
- In the drop-down menu under **Forms**, select **Backup/Draft Uniform Report**.
- The screen below will then appear giving you the option to complete as is and print or to save to your computer for later use.
- This form can only be opened and saved while using your internet browser. So you can save it to your computer hard drive, then when you want to use it later you will need to open it while you have your internet browser open.

To save to your computer, click on the disk icon

To print, click on the printer icon

State of Illinois  
Department of Human Services

**DRAFT** **DRAFT**

**Alcohol and Drug Evaluation  
Uniform Report**

**PART I. OFFENDER INFORMATION**

Offender Name:

IL Driver's License Number or State ID:

Other Valid Driver's License Number/State:

Home Address:

County of Residence:

Citizenship:

Telephone Number(s):

Date of Birth:  Age:

Gender:

### DUI Information

The following links will provide you with PDF copies of the brochures that explain the DUI processes and evaluations:

- **Processes and Evaluation – English**
- **Processes and Evaluation – Spanish**



# **APPENDIX A – DHS FORMS**

**IL 444-2030**

Upon successful completion of an alcohol/drug evaluation, the DHS Alcohol and Drug Evaluation Uniform Report form (IL 444-2030) shall be provided directly to the circuit court of venue and a copy given to the offender.

State of Illinois  
Department of Human Services

**Alcohol and Drug Evaluation  
Uniform Report**

**PART I. OFFENDER INFORMATION**

Offender Name:			
IL Driver's License Number or State ID:			
Other Valid Driver's License Number/State:			
Home Address:			
County of Residence:			
Citizenship:			
Telephone Number(s):			
Date of Birth:		Age:	
Gender:			
Race(s):			
Hispanic Origin:			
Primary Language:		Interpreter Services:	
Marital Status:			
Education Level:			
Employment Status:			
Occupation:			
Annual Household Income:		Number of Dependents:	
Physical or Mental Disability:		Religious Affiliation:	
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:

2.2 Beginning Date of Evaluation:

2.3 Completion Date of Evaluation:

2.4 Date of Arrest:

2.5 Time of Arrest:

2.6 County of Arrest:

2.7 Blood-Alcohol Concentration (BAC) at Time of Arrest:

2.8 Results of Blood and/or Urine Testing:

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

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

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

**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

*(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

*(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


*(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

**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.**



**3.6 Describe any boating/snowmobiling under the influence arrests as reported by the offender (including out-of-state dispositions).**



**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
	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>
	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>
	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>
	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>
	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>	<div style="background-color: #e0e0e0; height: 15px;"></div>

**Chronological History Narrative:**

**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.

**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.

- 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.

- 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).

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

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

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

**PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY**

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

**Impairments:**

**Family**

[Redacted area for Family impairments]

**Marriage or significant other relationships**

[Redacted area for Marriage or significant other relationships]

**Legal Status**

[Redacted area for Legal Status]

**Socially**

[Redacted area for Socially]

**Vocational/work**

[Redacted area for Vocational/work]

**Economic status**

[Redacted area for Economic status]

**Physically/Health**

[Redacted area for Physically/Health]

**PART 5. OBJECTIVE TEST INFORMATION**

<b>5.1</b>	<b>Mortimer/Filkins -</b>	<b>Score:</b>	<span style="background-color: #e0e0e0; display: inline-block; width: 60px; height: 15px;"></span>	<b>Category:</b>	<span style="background-color: #e0e0e0; display: inline-block; width: 180px; height: 15px;"></span>
<b>5.2</b>	<b>ASUDS-RI Risk Level Guidelines -</b>	<b>Score:</b>	<span style="background-color: #e0e0e0; display: inline-block; width: 60px; height: 15px;"></span>	<b>Category:</b>	<span style="background-color: #e0e0e0; display: inline-block; width: 180px; height: 15px;"></span>
<b>5.3</b>	<b>Driver Risk Inventory (DRI) Scales and Risk Ranges:</b>				
		<b>Validity Scale:</b>			<span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
		<b>Alcohol Scale:</b>			<span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
		<b>Driver Risk Scale:</b>			<span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
		<b>Drugs Scale:</b>			<span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
		<b>Stress Coping Abilities Scale:</b>			<span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>

**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:

**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.**

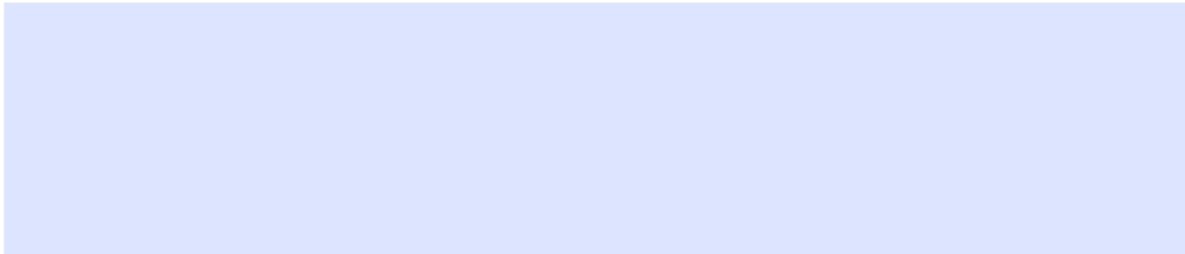


**PART 7. OFFENDER BEHAVIOR**

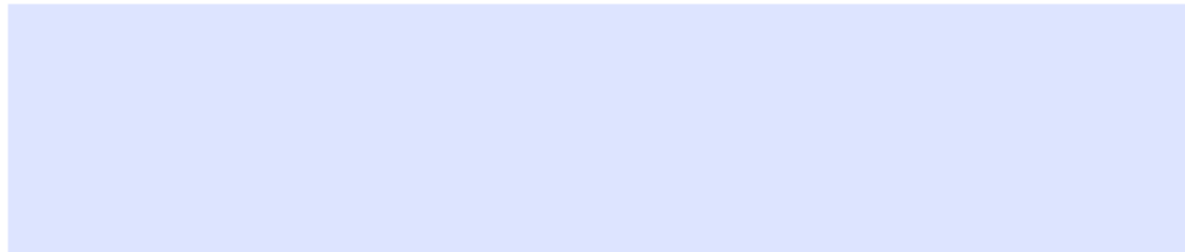
**7.1** Were the offender's behavior and responses consistent, reliable, and non-evasive?



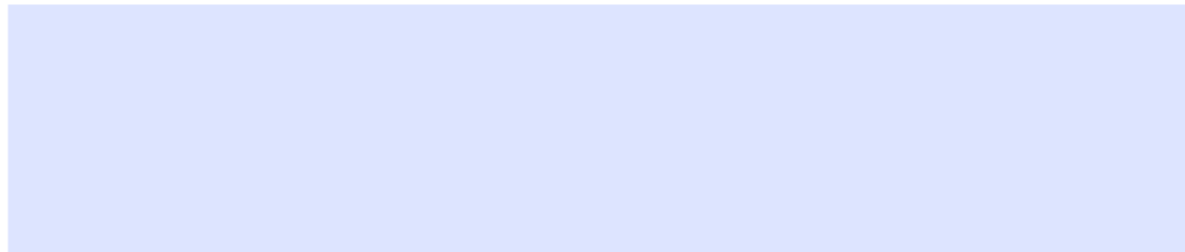
**7.2** Identify indications of any significant physical, emotional/mental health, or psychiatric disorders.



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



**7.4** Where was the offender interview conducted?



**PART 8. CLASSIFICATION**

**8.1 Classification:**

[Redacted area]

**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.**

[Redacted area]

**PART 9. MINIMAL REQUIRED INTERVENTION**

**9.1 Minimal Intervention:**

[Redacted area]

**9.2 The offender was referred as follows:**

[Redacted area]

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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.

**IL 444-2031**

Upon non-completion of a DUI evaluation, the DHS DUI Evaluation Notice of Incomplete/Refused Alcohol and Drug Evaluation form (IL 444-2031) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

State of Illinois  
Department of Human Services

**DUI Evaluation**  
**Notice of Incomplete / Refused Alcohol and Drug Evaluation**

This form serves as official notification that the offender identified below failed or refused to complete an Alcohol and Drug Evaluation as a result of an arrest and/or conviction of DUI.

**Offender Information**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 County of Arrest: \_\_\_\_\_  
 IL Driver's License Number or State ID: \_\_\_\_\_  
 Other Valid Driver's License Number/State: \_\_\_\_\_

**Specify the Reason for the Non-Authenticated Evaluation**

- Offender would not sign the informed consent form  
 Offender did not return to obtain a copy of the evaluation within 30 days  
 Offender did not return to sign a copy of the evaluation within 30 days  
 Offender refused to sign evaluation  
 Offender refused to accept evaluation  
 Offender did not complete the evaluation  
 Other (please specify): \_\_\_\_\_

**Licensed Site Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 License Number: \_\_\_\_\_  
 Evaluator Name: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disposition of this form is as follows:**

For Court referrals send to:  
 The Circuit Court of venue  
 individual or office designated  
 by court policy or rule

For Secretary of State referrals send to:  
 Marc Loro, Department of Administrative Hearings  
 Howlett Building, Room 200  
 Springfield, IL 62756

**IL 444-2032**

Upon successful completion of a risk education course, the DHS DUI Risk Education Certificate of Completion form (IL 444-2032) shall be issued to an offender.

State of Illinois  
Department of Human Services

**DUI Risk Education  
Certificate of Completion**

**Offender Information**

Name:

Home Address:

County of Arrest:

IL Driver's License Number or State ID:

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?

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

Please specify the dates the offender attended risk education.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Licensed Site Certification**

Name:

Address:

Phone Number:

License Number:

Instructor Name:

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: \_\_\_\_\_

**IL 444-2033**

Upon termination from a risk education course, the DHS DUI Risk Education Notice of Involuntary Termination form (IL 444-2033) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

State of Illinois  
Department of Human Services

**DUI Risk Education  
Notice of Involuntary Termination**

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This form serves as official notification that the offender identified below has been involuntarily terminated from a DUI Risk Education program.

**Offender Information**

Name:

Home Address:

County of Arrest:

IL Driver's License Number or State ID:

Other Valid Driver's License State/Number:

**Risk Education Information**

Course Start Date:  Course Termination Date:

Reason for Termination:

**Licensed Site Information**

Name:

Address:

Phone Number:

License Number:

Instructor Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disposition of this form is as follows:**

For Court referrals send to:  
The Circuit Court of venue  
individual or office designated  
by court policy or rule

For Secretary of State referrals send to:  
Marc Loro, Department of Administrative Hearings  
Howlett Building, Room 200  
Springfield, IL 62756

**IL 444-2034**

Upon verification an offender meets the poverty guidelines issued by the U.S. Department of Health and Human Services, the DHS DUI Evaluation/Risk Education Qualification for DUI Services as an Indigent form (IL 444-2034) shall be maintained in the offender's record.

State of Illinois  
Department of Human Services

**DUI Evaluation/Risk Education  
Qualification for DUI Services as an Indigent**

**Offender Information**

Name:

IL Driver's License Number or State ID:

Date of Arrest:

County of Arrest:

Specify on the chart below the adjusted gross income and number of dependents as indicated on the most recently filed Federal or State income tax return(s). If there has been any change to the offender's income or dependent status since the last filing or if the offender has never filed a tax return, the offender must provide a notarized document attesting to current status.

	<u>Annual Income</u>	<u>Number of Dependents</u>	
<input type="checkbox"/>	\$00,000 to \$12,880	1 or more	
<input type="checkbox"/>	\$12,881 to \$17,420	2 or more	
<input type="checkbox"/>	\$17,421 to \$21,960	3 or more	
<input type="checkbox"/>	\$21,961 to \$26,500	4 or more	
<input type="checkbox"/>	\$26,501 to \$31,040	5 or more	
<input type="checkbox"/>	\$31,041 to \$35,580	6 or more	
<input type="checkbox"/>	\$35,581 to \$40,120	7 or more	
<input type="checkbox"/>	\$40,121 to \$44,660	8 or more	
<input type="checkbox"/>	\$44,661 to \$49,200	9 or more	
<input type="checkbox"/>	\$49,201 to \$53,740	10 or more	

Specify Type of Service(s):  Evaluation  Risk Education

Post Test Score:

Service Completion Date:

Submitted for Reimbursement?

**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.





## **APPENDIX B – SAMPLE REPORTS**

**EVALUATION STATISTICS**

State of Illinois  
Department of Human Services  
DUI Service Reporting System

**Evaluation Statistics**  
02/01/2012 - 03/29/2012

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Provider Name: Test Provider  
Site Location: 1313 Mockingbird Ln, Springpatch, 62701  
License Number: A-9999-0000-A

Offender Information

Number of Male Offenders:	1	Average Household Income:	\$5000
Number of Female Offenders:	0	Average Number of Dependents:	2
Average Offender Age:	61	Number Qualified as Indigent:	1

Current DUI Arrest Information

<u>Referral Source -</u>		<u>Blood-Alcohol Testing -</u>	
Court:	0	B.A.C. Under the Limit:	0
Secretary of State:	1	B.A.C. Over the Limit:	0
Attorney:	0	Number Refusing Test:	0
Self:	0	Number Not Applicable:	1
Other:	0		

Most Significant Substances:

Classification/Minimal Required Intervention

Minimal Risk:	1	Significant Risk:	0
Moderate Risk:	0	High Risk:	0

Evaluation Disposition

Total Number of Evaluations:	1	Total Completed:	1
		Total Not Completed:	0

Statistics

Average Number of Days Between Arrest Date & Beginning Date of Evaluation:	2
Number of Evaluations Begun & Ending on the Same Day:	0
Average Number of Appointments:	2
Average Hours for Interviews:	3
Average Hours for Paperwork:	1

**EVALUATION SERVICES**

State of Illinois  
Department of Human Services  
DUI Service Reporting System

**Evaluation Services**  
02/01/2012 - 03/29/2012

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Provider Name: Test Provider  
Site Location: License Number:

<b>Offender Name</b>	<b>Driver's License/ State ID Number</b>	<b>Arrest Date</b>	<b>Evaluation End Date</b>	<b>Disposition</b>	<b>Evaluator Name</b>
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No Evaluation data was found!

**RISK EDUCATION STATISTICS**

State of Illinois Department of Human Services DUI Service Reporting System  <b>Risk Education Statistics</b> 02/01/2012 - 03/29/2012			
<hr/>			
Provider Name:	Test Provider		
Site Location:	1313 Mockingbird Ln, Springpatch, 62701		
License Number:	A-9999-0000-A		
<u>Offender Information</u>			
Number of Male Offenders:	1	Average Household Income:	\$5000
Number of Female Offenders:	0	Average Number of Dependents:	2
Average Offender Age:	61	Number Qualified as Indigent:	1
<u>Risk Education Course Information</u>			
Average Pre-Test Score:	70		
Average Post-Test Score:	90		
Total Terminated Courses:	0		
Total Completed Courses:	1		

**RISK EDUCATION SERVICES**

State of Illinois Department of Human Services DUI Service Reporting System  <b>Risk Education Services</b> 02/01/2012 - 03/29/2012					
<hr/>					
Provider Name:		Test Provider		License Number:	
Site Location:					
<b>Offender Name</b>	<b>Driver's License/ State ID Number</b>	<b>Arrest Date</b>	<b>Disposition End Date</b>	<b>Disposition</b>	<b>Educator Name</b>
No Risk Education data was found!					

**EVALUATOR/EDUCATOR INFORMATION**

State of Illinois Department of Human Services DUI Service Reporting System  Evaluator/Educator Information			
Provider Name: Test Provider			
Name	Orientation Attended	Employment Status	Credentials with Expiration Dates

**DDDPF BILLING**

State of Illinois Department of Human Services DUI Service Reporting System  Drunk and Drugged Driving Prevention Fund Billing 01/01/2012 — 04/23/2012								
Provider Name: Test Provider								
Site Location:						License Number:		
Offender Name	Driver's License/ State ID Number	Arrest Date	Service Type	Completion End Date	Status Date	Bill Amount	Voucher Number	Bill Status
No DDDPF Information Found!								

**ORGANIZATION WORKER LIST**

State of Illinois Department of Human Services DUI Service Reporting System  Active Workers as of					
Provider Name: Test Provider					
		Security Roles			
Name	eMail Address	Provider Representative	Provider Administration	Provider Fiscal Operations	Provider Entrant
No Workers were found!					



**PART 2. CURRENT DUI ARREST INFORMATION**

2.1 Referral Source:       COURT       SOS       ATTORNEY       SELF       OTHER

2.2 Evaluation Begin Date: \_\_\_\_\_ 2.3 Evaluation End Date: \_\_\_\_\_

2.4 Date of Arrest: \_\_\_\_\_ 2.5 Time of Arrest: \_\_\_\_\_ **AM / PM**

2.6 County of Arrest: \_\_\_\_\_ 2.7 Blood-Alcohol Concentration (BAC): \_\_\_\_\_

2.8 Results of Blood and/or Urine:

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

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- |                               |                                      |                               |
|-------------------------------|--------------------------------------|-------------------------------|
| 01-Alcohol (beer/wine/liquor) | 08-Dilaudid (Rx/Non-Rx)              | 15-Methamphetamine            |
| 02-Amphetamines               | 09-Hallucinogens (Peyote, LSD, etc.) | 16- Non-Rx Methadone          |
| 03-Barbiturates               | 10-Hashish                           | 17- Non-Barbiturate Sedatives |
| 04-Base cocaine               | 11-Heroin                            | 18- Other                     |
| 05-Benzodiazepines            | 12-Inhalents                         | 19- Other Opioids             |
| 06-Cocaine                    | 13-Karachi                           | 20- Over-the counter          |
| 07-Crack                      | 14-Marijuana                         | 21- PCP                       |

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

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

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**PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY**

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

Date of Arrest	Date of Conviction or Court Supervision	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Date of Arrest	Effective Date of Suspension	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(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 suspensions listed above):

Date of Arrest	Date of Conviction	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

3.4 Other prior 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).

<u>Zero Tolerance</u>		<u>Illegal Transportations</u>	
Date of Arrest	Effective Date	Date of Arrest	Date of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.

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**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.

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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.

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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).

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

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

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

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**PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY**

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

Impairments

Family

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Marriage or significant other relationships

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Legal status

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Socially

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Vocational/work

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Economic status

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Physically/Health

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**PART 5. OBJECTIVE TEST INFORMATION**

5.1 Mortimer/Filkins Score: **NOT APPLICABLE** Category: **NOT APPLICABLE**

- 5.2 ASUDS-RI Risk Level:  1 = Minimal  
 2 = Moderate  
 3 = Significant  
 4 = High

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

- |                                |                              |                                 |                                  |   |
|--------------------------------|------------------------------|---------------------------------|----------------------------------|---|
| Validity Scale:                | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Alcohol Scale:                 | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Driver Risk:                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Drugs Scale:                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Stress Coping Abilities Scale: | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |

**PART 6. CRITERIA FOR SUBSTANCE USE DISORDER**

6.1 Identify any Substance Use Disorder criteria occurring any time in the same 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.

*IMPAIRED CONTROL:*

- 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 its effects of alcohol or drug use.
- Craving, or a strong desire or urge to use alcohol or drugs.

*SOCIAL IMPAIRMENT:*

- 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.

*RISKY 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.

*PHARMACOLOGICAL:*

- Tolerance—either a need for markedly increased amounts of alcohol or drug to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of alcohol or drug.
- Withdrawal—as manifested by either the characteristic withdrawal syndrome for the substance or the same or closely-related substance is 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 course specifier that reflects the offender’s current status.

- Current status:
- |                          |                        |                          |                           |
|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | In early remission     | <input type="checkbox"/> | On maintenance therapy    |
| <input type="checkbox"/> | In sustained remission | <input type="checkbox"/> | In controlled environment |
| <input type="checkbox"/> | Not Applicable         |                          |                           |

6.3 Has the offender ever met Substance Use Disorder criteria by prior history but 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 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.

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**PART 7. OFFENDER BEHAVIOR**

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

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

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

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7.4 Where was the offender interview conducted?

Licensed Site                       Non-Licensed Site, specify site: \_\_\_\_\_

**PART 8. CLASSIFICATION**

8.1 Classification:    Minimal                       Moderate                       Significant                       High

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.

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**PART 9. MINIMAL REQUIRED INTERVENTION**

9.1 Intervention:    Minimal (10)                       Moderate (10/12)                       Significant (10/20)                       High (75)

9.2 The offender was referred as follows:

All clients of the 18<sup>th</sup> Judicial Circuit DUI Evaluation Unit receive a comprehensive DHS/DASA Treatment Providers list.



## eDSRS Registration

DUI provider staff members must register with the Illinois Department of Human Services (DHS), Management Information Services (MIS) in order to receive appropriate system access to the web-based DUI Service Reporting System (eDSRS). Access to eDSRS requires entry and approval of the e-mail address used for registration into the Tivoli Access Manager (TAM) as required by the DHS MIS Bureau of Security and Quality Assurance.

The Provider Representative must be the first person in the organization to register. This is the person responsible for the overall operation of the organization as listed in the DHS/DASA licensure data base. Immediately after submitting the initial registration request, the Provider Representative will receive an e-mail containing a link to re-verify the registration request. This is done to ensure the Provider Representative's e-mail address is valid. Once this link is clicked, the registration request will be validated and the internal DHS/DASA processing will begin.

In order to approve the registration request, the Provider Representative information will be compared to the information contained on the DHS/DASA licensure data base. If the provider representative's name, e-mail address, and organization's FEIN match, an e-mail will be sent indicating approval along with a temporary password enabling the individual to log onto eDSRS. At that time, the organization can identify the functions of other staff and begin using the eDSRS. DHS/DASA anticipates this initial approval process taking up to 10 working days to complete. Providers are encouraged to register as soon as possible to avoid delays in their ability to deliver DUI Services.

The Provider Representative will approve the Provider Administrator. The Provider Administrator will approve the roles for each worker. The e-mail address submitted will become the User ID for the worker. Each worker must have their own unique e-mail address. During registration, workers indicate the role they desire and the approving entity will either grant or deny the access. A worker may have one or all four security roles. Registration applications will be processed and an e-mail returned to the applicant with the system access decision.

Instructions for UHS eDSRS registration and a table outlining the security roles, responsibilities, and the approving entity are provided on the following pages. **All final approvals are the responsibility of DASA staff.**

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Questions concerning the registration process should be directed to the MIS Unified Health Systems Help Desk by e-mail at [dhs.uhsinfo@illinois.gov](mailto:dhs.uhsinfo@illinois.gov).

Questions concerning DUI policy should be directed to the DHS Division of Alcoholism and Substance Abuse Help Desk by e-mail at [dhs.dasahelp@illinois.gov](mailto:dhs.dasahelp@illinois.gov).

**Security Roles**

<b>Security Role</b>	<b>Worker Responsibilities</b>	<b>Approving Entity</b>
Provider Representative	This worker is responsible for the overall operations at the provider.	DHS/DASA
Provider Administration	This worker is responsible for daily business operations. A list of workers awaiting TAM approval will be displayed on the home page. This worker will manage Provider Entrants (change status to active or inactive, update credentials, etc).	<u>Initial:</u> Provider Representative  <u>Final:</u> DHS/DASA
Provider Fiscal Operations	This worker is responsible for the financial aspect and approving DDDPF bills for submission to DHS then tracking vouchers.	<u>Initial:</u> Provider Administration  <u>Final:</u> DHS/DASA
Provider Entrant	This worker is responsible for entering Evaluation and/or Risk Education data (evaluator/instructor).	<u>Initial:</u> Provider Administration  <u>Final:</u> DHS/DASA

**UHS eDSRS Registration Page**

The Unified Health Systems eDSRS registration web page may be accessed by entering the URL <http://dui.dhs.illinois.gov/duipublic/duireg> in the address line of the browser. The worker will enter

**UHS**  
Unified Health Systems

**eDSRS Registration**

\* Required Fields

Completion of this form is required in order to receive appropriate system access to the Illinois Department of Human Services DUI Service Reporting System (eDSRS) application. The email address submitted will become the User ID for the individual and information entered on this page.

**Worker Information**

Email Address:\*

Re-Type Email Address:\*

Last Name:\*  First Name:\*  Middle Initial:

Provider: \*

I am responsible for the overall operations (Provider Representative)

I am responsible for the daily business operations (Provider Administration)

I am responsible for the financial aspect and bill submissions (Provider Fiscal Operations)

I am responsible for entering Evaluation and/or Risk Education information (Provider Entrant)  
Appropriate credential(s) must be entered.





his/her e-mail address and name, select the provider from the drop down list, then indicate the security role(s) desired.



If the worker indicated the *Provider Entrant* role, DUI orientation status and credentials must also be

I have attended a DUI Orientation session: \*  Yes  No

\*\*\* At least one Expiration Date must be entered \*\*\*

Credentials	Expiration Date (mm/dd/yyyy)
Certified Advanced Alcohol & Other Drug Abuse Counselor (CAADC)	<input type="text"/> 
Certified Alcohol & Drug Counselor (CADC)	<input type="text"/> 
Certified Alcohol, Tobacco & Other Drug Abuse Preventionist (CADP) - Risk Ed Only	<input type="text"/> 
Certified Assessment & Referral Specialist (CARS)	<input type="text"/> 
Certified Reciprocal Alcohol & Other Drug Abuse Counselor (CRADC)	<input type="text"/> 
Certified Senior Alcohol, Tobacco & Other Drug Abuse Preventionist (CSADP) - Risk Ed Only	<input type="text"/> 
Certified Supervisor Alcohol & Other Drug Abuse Counselor (CSADC)	<input type="text"/> 
Doctor of Medicine (MD)	<input type="text"/> 
Doctor of Osteopathy (DO)	<input type="text"/> 
Licensed Clinical Professional Counselor (LCPC)	<input type="text"/> 
Licensed Clinical Psychologist (LCP)	<input type="text"/> 
Licensed Clinical Social Worker (LCSW)	<input type="text"/> 
Licensed Professional Counselor (LPC)	<input type="text"/> 
Licensed Social Worker (LSW)	<input type="text"/> 

entered. Expiration dates may be entered or selected by clicking on the calendar and selecting the appropriate date.

Select **Submit** to submit the registration application to DHS or **Cancel** when information has been entered in error and is not to be submitted. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.





## COST

The cost of the alcohol and drug evaluation is established by the provider. It is the responsibility of the defendant to pay for the evaluation. However, providers must offer alcohol and drug evaluations at a reduced fee to defendants who can prove inability to pay the full cost according to established program standards.

## REGULATIONS

Providers that conduct DUI evaluations for the Court or the Office of the Secretary of State are licensed and regulated by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse. Professional evaluators working in these programs must meet standards prescribed by the Department. Programs are inspected and must conform to applicable Department Rules and Regulations in order to maintain licensure.

## COMPLAINTS

The Department has statutory authority to investigate providers who conduct alcohol and drug evaluations for DUI defendants. Questions or complaints regarding DUI services rendered should be directed to:

Illinois Department of Human Services  
Division of Alcoholism and Substance Abuse  
Licensing and Certification  
401 South Clinton Street, Second Floor  
Chicago, Illinois 60607  
312-814-3840

If you have any questions about alcohol or other drugs, call:

**Illinois Department of Human Services**  
Division of Alcoholism and Substance Abuse  
**1-866-213-0548 (toll-free Voice)**  
**1-866-843-7344 (toll-free TTY)**

If you have questions about Illinois Department of Human Services (IDHS) programs or services please call or visit your local Family Community Resource Center (FCRC). We will answer your questions. If you do not know where your FCRC is or if you are unable to go there, you may call the automated helpline 24 hours a day at:

**1-800-843-6154**  
1-800-447-6404 (TTY)

You may speak to a representative between:  
**8:00 a.m. - 5:30 p.m.**  
**Monday - Friday (except state holidays)**

Visit our website at:

**[www.dhs.state.il.us](http://www.dhs.state.il.us)**



Programs, activities and employment opportunities in the Illinois Department of Human Services are open and accessible to any individual or group without regard to age, sex, race, sexual orientation, disability, ethnic origin or religion. The department is an equal opportunity employer and practices affirmative action and reasonable accommodation programs.

DHS 4499 (R-02-14) DHS/DASA DUI Processes and Evaluations  
Printed by the Authority of the State of Illinois.  
200 copies P.O.#14-1086



# DUI Processes and Evaluations



## **INTRODUCTION**

In Illinois, anyone arrested for driving under the influence of alcohol and/or other drugs (DUI) must undergo an alcohol and drug evaluation before sentencing can occur for the DUI offense, or restricted or full driving privileges can be granted by the Office of the Secretary of State.

The purpose of the evaluation is to determine the extent of the defendant's alcohol and/or drug use and its associated risk to current or future public safety. The following areas are reviewed: the defendant's driving history, chemical test results (blood alcohol content), Objective Test score and category, and the interview with an evaluator.

The focus of the interview is past and current alcohol and drug use, specifically as it relates to driving history. Defendant responses are checked against the driving record, the Objective Test score, the results of the chemical testing, and possibly other corroborative sources. Inconsistencies must be reconciled between the defendant and the evaluator. If not, the evaluation will have no validity and could result in the following consequences:

- Denial of driving privileges by the Office of the Secretary of State.
- A request by the Court or the Office of the Secretary of State to undergo another evaluation at the defendant's expense.
- Delay of sentencing for the DUI or consideration for restricted or full driving privileges.

When the evaluation is completed, a classification and a recommendation will be determined by the evaluator and recorded on the Alcohol and Drug Uniform Report form for the Court or the Office of the Secretary of State. This form will then be sent to the Court or given to the defendant to take to the Office of the Secretary of State for the driver's license hearing.

The classification will be one of the following:

- Minimal Risk
- Moderate Risk
- Significant Risk
- High Risk

## **RECOMMENDATIONS**

The minimum recommendation to the Court or the Office of the Secretary of State related to each classification is as follows:

### **Minimal Risk**

Completion of a minimum of ten hours of DUI Risk Education.

### **Moderate Risk**

Completion of a minimum of ten hours of DUI Risk Education and a minimum of 12 hours of early intervention provided over a minimum of four weeks with no more than three hours per day in any seven consecutive days, subsequent completion of any and all necessary treatment, and, after discharge, active ongoing participation in all activities specified in the continuing care plan, if so recommended, following completion of the early intervention.

### **Significant Risk**

Completion of a minimum of ten hours of DUI Risk Education and a minimum of 20 hours of substance abuse treatment and, after discharge, active ongoing participation in all activities specified in the continuing care plan.

### **High Risk**

Completion of a minimum of 75 hours of substance abuse treatment and, after discharge, active ongoing participation in all activities specified in the continuing care plan.

In all cases, it is at the discretion of the Court to determine what type of recommendation, if any, will ultimately become a part of the sanction for the DUI offense. However, if the alcohol and drug evaluation is for the Office of the Secretary of State in relation to the return of full or limited driving privileges, the defendant will be required to complete any recommendations contained in the alcohol and drug evaluation.

The defendant has the right to reject the completed alcohol and drug evaluation, to withdraw from the process at any time, or to seek a second opinion by obtaining another evaluation. However, any information provided may be released to the Court or the Office of the Secretary of State, upon request. If the evaluation procedure is not completed, notice will be sent to the Court or the Office of the Secretary of State.



## COSTO

El costo de la evaluación de alcohol y drogas lo establece el programa. Es la responsabilidad del acusado pagar por la evaluación. Sin embargo, los programas deben proveer evaluaciones de alcohol y drogas a un honorario reducido a acusados que pueden probar que no pueden pagar el costo completo, según estándares establecidos por el programa.

## REGULACIONES

Los programas que facilitan las evaluaciones de DUI para la Corte u Oficina de la Secretaría de Estado tienen licencia y están regulados por la Oficina de Alcoholismo y Abuso de Substancias del Departamento de Servicios Humanos de Illinois. Los evaluadores profesionales que trabajan en estos programas deben reunir los estándares ordenados por el Departamento y completar entrenamiento adicional anualmente. Los programas se inspeccionan y tienen que estar en acuerdo con las reglas y regulaciones del Departamento para mantener su licencia.

## QUEJAS

El Departamento tiene la autoridad reglamentaria para investigar a los programas que proveen evaluaciones de alcohol y drogas para las personas acusadas de manejar bajo los efectos de alcohol (DUI). Preguntas y/o quejas referente a los servicios provistos de DUI deben ser dirigidas a:

Illinois Department of Human Services  
Division of Alcoholism and Substance Abuse  
Licensing and Certification  
401 South Clinton Street, Second Floor  
Chicago, Illinois 60607  
312-814-3840

Si tiene alguna pregunta sobre alcohol u otras drogas, llame al:

### Departamento de Servicios Humanos

División de Alcoholismo y Abuso de Substancias

**1-866-213-0548 (Voz, llamada gratis)**

**1-866-843-7344 (TTY, llamada gratis)**

Si tiene preguntas sobre los programas y servicios que ofrece el Departamento de Servicios Humanos de Illinois (IDHS), por favor llame o visite su Centro de Recursos Para Familias y Comunidad (FCRC). Contestaremos sus preguntas. Si no sabe dónde está su FCRC o si no puede ir hasta allá, llame a la línea automatizada de ayuda las 24 horas del día al:

**1-800-843-6154**

1-800-447-6404 (TTY)

Usted puede hablar con un representante entre las:

**8:00 a.m. - 5:30 p.m. Lunes - Viernes**  
(excepto en días feriados del estado)

Visite nuestro sitio por Internet en:

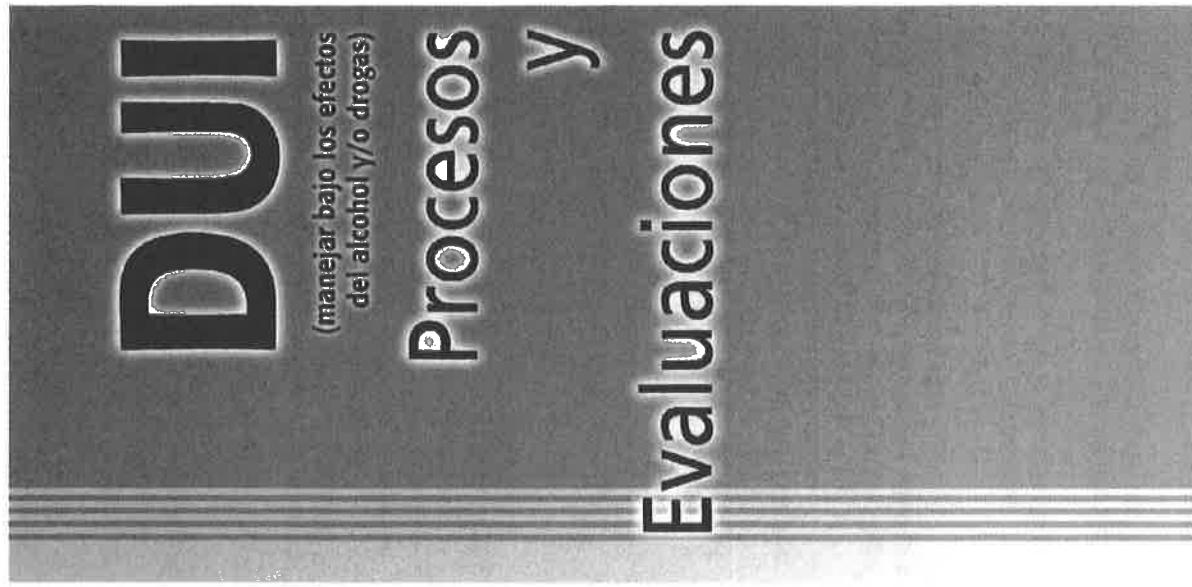
**[www.dhs.state.il.us](http://www.dhs.state.il.us)**



Los programas, actividades y oportunidades de empleo con el Departamento de Servicios Humanos de Illinois están disponibles y son accesibles a cualquier individuo o grupo sin considerar la edad, sexo, raza, orientación sexual, deshabilidad, origen étnico o religión. El departamento es un empleador que ofrece igualdad de oportunidad de empleo, practica acción afirmativa y tiene programas para acomodar razonablemente sus necesidades.

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## INTRODUCCIÓN

En Illinois, cualquier persona que sea arrestada por manejar bajo la influencia de alcohol y / u otras drogas (Driving Under Influence - DUI), debe hacerse una evaluación sobre drogas y alcohol antes que sea sentenciado por la ofensa de DUI o la Oficina de la Secretaría del Estado le otorgue privilegios para manejar completos o limitados.

El propósito de la evaluación es determinar el grado del uso de alcohol y/o drogas del acusado y del riesgo asociado con la seguridad pública actual y futura. Se revisan las siguientes áreas: historial del acusado como conductor, resultados del examen químico (contenido de alcohol en la sangre), puntaje y categoría del Examen Objetivo y entrevista con un evaluador.

El enfoque de la entrevista es el uso de alcohol y drogas en el pasado y en la actualidad, específicamente cómo se relaciona al historial como conductor. Las respuestas del acusado se comparan con el expediente de manejo, el puntaje del Examen Objetivo, los resultados del examen químico y posiblemente otras fuentes confirmativas. Las inconsistencias entre el acusado y el evaluador se deben reconciliar. Si no es así, la evaluación no tendrá validez y podría resultar en las siguientes consecuencias:

- Los privilegios para manejar han sido negados por la Oficina de la Secretaría del Estado.
- La Corte o la Oficina de la Secretaría del Estado pide que el acusado pague por otra evaluación.
- Demora en la sentencia por DUI o demora en la consideración para otorgar privilegios completos o restringidos para manejar.

Cuando la evaluación se completa, el evaluador determinará la clasificación y la recomendación y, será registrada en el formulario "Reporte Uniforme de Alcohol y Drogas para la Corte u Oficina de la Secretaría del Estado". Luego este formulario será enviado a la Corte o entregado al acusado para llevarlo a la Oficina de la Secretaría del Estado para una audiencia sobre la licencia de manejar.

La clasificación será uno de los siguientes:

- Riesgo Mínimo
- Riesgo Moderado
- Riesgo Significativo
- Riesgo Alto

## RECOMENDACIONES

La recomendación mínima para la Corte u Oficina de la Secretaría del Estado relacionada a cada clasificación es como sigue:

### Riesgo Mínimo

Completar un mínimo de diez horas en Educación de los Riesgos de DUI.

### Riesgo Moderado

Completar un mínimo de diez horas en Educación de los Riesgos de DUI y un mínimo de 12 horas de intervención temprana, provisto en un periodo mínimo de cuatro semanas con no menos de tres horas por día en siete días consecutivos, subsiguientemente completar todo el tratamiento necesario y, después de darle de alta, participar activamente en todas las actividades especificadas en el plan continuo de cuidado después que complete la intervención temprana, si se recomienda.

### Riesgo Significativo

Completar un mínimo de diez horas en Educación de los Riesgos de DUI y un mínimo de 20 horas de tratamiento para abuso de substancias y después de darle de alta, participar activamente en todas las actividades especificadas en el plan continuo de cuidado.

### Riesgo alto

Completar un mínimo de 75 horas del tratamiento por abuso de substancias y, después de darle de alta, participar activamente en todas las actividades especificadas en el plan continuo de cuidado.

En todos los casos, es discreción de la Corte determinar qué tipo de recomendación será parte final de la sanción por la ofensa de DUI, si hay alguna. Sin embargo, si la evaluación de alcohol y drogas es para la Oficina de la Secretaría del Estado y se relaciona a devolver los privilegios completos o limitados para manejar, se requerirá que el acusado complete cualquier recomendación contenida en la evaluación de alcohol y drogas.

El acusado tiene el derecho a rehusar la evaluación de alcohol y drogas completada, retirarse del proceso en cualquier momento, o buscar una segunda opinión haciendo otra evaluación. Sin embargo, cualquier información provista puede ser entregada a la Corte u Oficina de la Secretaría del Estado, cuando se pida. Si no se completa el procedimiento de evaluación, se enviará un aviso a la Corte u Oficina de la Secretaría del Estado.

Evaluation Payment Receipt

CaseDocketNumber : 2018DT001730

Defendant Name :

Fee Assessed : \$225.00

Payment Amount : \$225.00

Balance Due : \$0.00

Payment Type : PERSONAL CHECK Check Number: 326

CreditCard Surcharge: \$0.00

Payment Date : 10/23/2018

Payment Time : 03:08 PM

Receipt Number : 69016

Manual Receipt Nbr :

Payment Received By : PRJASSAN Initials: \_\_\_\_\_

Received From: PRJASSAN Date: 10/23/18

Signature





DUI EVALUATION REFERRAL FORM

Incarcerated

Initial DUI Evaluation

Re-Evaluation

SOS Update

Date: \_\_\_\_\_

Court Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Court Room: \_\_\_\_\_

Most Recent DUI Arrest Date: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE NAME

A.K.A/Maiden: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Race: Asian/Pacific Islander

Black

Indian

White

Hispanic

Other

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Language: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

---

Office Use Only

Fee Assessment Added:

Appointment Date & Time : \_\_\_\_\_

Assigned Evaluator: \_\_\_\_\_

Appointment Set On: \_\_\_\_\_

(Date)

Appointment Set by: \_\_\_\_\_

(Initials)

Interpreter Needed: \_\_\_\_\_

Email Requested: \_\_\_\_\_

PLEASE INITIAL EACH LINE BELOW STATING YOU HAVE READ AND UNDERSTAND THE FOLLOWING POLICIES:

\_\_\_\_\_ \$225 PAYMENT: for cost of evaluation: WE DO NOT ACCEPT CASH. Acceptable forms of payment are: Money Order, Personal Check (with valid photo I.D.), Credit/Debit Card (with valid photo I.D.) \*Please note: credit/debit cards will be charged a \$5 processing fee. Payment for SOS Update MUST be paid in full at the time of the appointment.

\_\_\_\_\_ 24- HOUR CANCELLATION POLICY: You MUST give a 24 hour notice of cancellation or you will be charged a \$50 Penalty Fee that must be paid before re-scheduling.

\_\_\_\_\_ \$50 PENALTY FEE: for any missed appointments, less than 24-hour cancellations, alcohol/drug impairment, failure to bring an interpreter if necessary, and/or non-payment for a SOS Update. The DUI Evaluation Unit reserves the right to cancel your appointment at their discretion for any of the above or related occurrences.

\_\_\_\_\_ ALCOHOL/DRUG FREE POLICY: You are not to arrive under the influence of any drugs or alcohol. If you are suspected to be under the influence, the DUI Evaluation Unit reserves the right to terminate your appointment at the cost of a \$50 Penalty Fee.

\_\_\_\_\_ INDIGENT REQUIREMENTS: Refer to the back of the yellow information sheet to see what documents are required to apply for a reduced fee amount. Applying for reduced fee does not guarantee you will be approved. Reduced fee will not be approved without sufficient documentation.

\_\_\_\_\_ CONFIRMATION OF APPOINTMENT DATE AND TIME

\_\_\_\_\_ INTERPRETER REQUIREMENT (if necessary): The DUI Evaluation Unit will provide you a court appointed interpreter at no cost. You may not bring your own personal or professional interpreters.

FOR SOS UPDATES ONLY:

\_\_\_\_\_ CORROBORATOR REQUIREMENT: You must bring a friend or family member to the evaluation with you to be interviewed on your behalf. This portion usually takes about 10-15 minutes.

\_\_\_\_\_ ALL TREATMENT VERIFICATION: You must bring any/all treatment verification or completion documents for your SOS Update. Without required documentation, the SOS Update cannot be completed, and you are subject to a \$50 Penalty Fee for rescheduling.

DATE: \_\_\_\_\_



Bruce Rauner, Governor

James T. Dimas, Secretary

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401 South Clinton Street, Second Floor • Chicago, Illinois 60607

### INFORMED CONSENT

In order to obtain an Alcohol and Drug Evaluation for the Circuit Court or the Office of the Secretary of State, I agree to provide the following information:

- A copy of my driving abstract or a written summary of my driving history obtained from the Office of the Secretary of State;
- The written results of any chemical testing or documentation of refusal of such testing that occurred after my arrest for driving under the influence of alcohol and/or other drugs (DUI); and
- Alcohol and drug use history from first use to present.

I also attest to the fact that I have not undergone any other alcohol and drug evaluation as a result of my DUI arrest or if I have, I agree to provide a copy of all such evaluations, if completed and/or the name and address of such program(s). I also give my consent for this program to obtain information from any program(s) where I previously began and/or completed any alcohol and drug evaluation relative to my arrest for DUI. I have read the Department of Human Services brochure entitled "DUI Processes and Evaluations" explaining the alcohol and drug evaluation procedure. I understand that I have the right to withdraw from this evaluation process at any time, refuse the completed alcohol and drug evaluation or seek a second opinion by obtaining another evaluation. I further understand that any information I do provide can be released to the Circuit Court, the Office of the Secretary of State or the Department of Human Services upon request. If I do not complete the evaluation or do not return to sign and obtain my copy of the evaluation within 30 days of its completion date, notice will be sent to the Circuit Court or the Office of the Secretary of State along with any relevant information pertaining to my involvement with this program.

\_\_\_\_\_  
*Offender Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature (If offender is under age 18)*

\_\_\_\_\_  
*Date*

Witnessed:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

IF CONSENT IS NOT GIVEN, PLEASE INDICATE THAT YOU HAVE READ THIS FORM BY INITIALING ON THIS LINE. \_\_\_\_\_



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James T. Dimas, Secretary

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### CONSENTIMIENTO INFORMADO

Para obtener una Evaluación sobre Alcohol y Drogas para el Tribunal de Distrito o la Oficina de la Secretaría del Estado, yo estoy de acuerdo en proporcionar la información siguiente:

- Una copia de mi compendio o sumario de manejo o un resumen escrito de mi historial de manejo obtenido de la Oficina del Secretario del Estado;
- Los resultados escritos de cualquier examen de sustancias químicas o documentación por rehusar dicho examen que ocurrió después de mi arresto por manejar bajo la influencia de alcohol y / u otras drogas (DUI); y
- Historial del uso de alcohol y drogas desde el primer uso hasta el presente.

También atestiguo que yo no he hecho ninguna otra evaluación de alcohol y drogas como resultado de mi arresto por DUI o si lo hice, estoy de acuerdo en proveer una copia de todas las evaluaciones o si han sido completadas, el nombre y dirección de dichos programa(s). Doy también mi consentimiento para que este programa obtenga la información de cualquier programa(s) donde comencé previamente y / o completé cualquier evaluación sobre alcohol y drogas relacionadas a mi arresto por DUI. He leído la información del folleto "Proceso y Evaluación de DUI" del Departamento de Servicios Humanos que explica el proceso de evaluación para alcohol y drogas. Entiendo que en cualquier momento tengo derecho a retirarme del proceso de evaluación, rehusar la evaluación de alcohol y drogas completada o buscar una segunda opinión obteniendo otra evaluación. Entiendo además que cualquier información que proveo puede ser entregada al Tribunal del Distrito, Oficina de la Secretaría del Estado o Departamento de Servicios Humanos, si lo piden. Si yo no completo la evaluación o no regreso a firmar y obtener mi copia de la evaluación dentro de los 30 días de la fecha de haberla terminado, se enviará un aviso al Tribunal del Distrito o a la Oficina de la Secretaría de Estado junto con cualquier información pertinente a mi participación en este programa.

\_\_\_\_\_  
*Firma del Acusado*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Firma del Padre / Tutor (Si el Acusado es menor de 18)*

\_\_\_\_\_  
*Fecha*

Atestado por:

\_\_\_\_\_  
*Firma*

\_\_\_\_\_  
*Fecha*

SI NO SE DA EL CONSENTIMIENTO, POR FAVOR INDIQUE QUE USTED HA LEÍDO ESTE FORMULARIO CON SUS INICIALES EN ESTA LÍNEA. \_\_\_\_\_

DUI Evaluation Unit

**DEFENDANT'S RIGHTS STATEMENT**

All clients seeking a DUI Evaluation will have the following rights:

- 1) Access to services will not be denied on the basis of race, religion, ethnicity, disability, sexual orientation or HIV Status;
- 2) All services will be provided in the least restrictive environment available;
- 3) The confidentiality of clinical records and information is governed by the Confidentiality of Alcohol and Drug Abuse Patient Records regulations 42 CFR 2 (1987) of the alcohol, Drug Abuse, Mental Healthy Administration of the Public Health Service of the United States Department of Health and Human Services effective August 10, 1987, which is incorporated herein by reference, and Article 30 of the Act [20 ILCS 301/Art. 30], unless otherwise authorized by appropriate court order. Clinical records and information are also protected by 730 ILCS 110/12 (4);
- 4) Access to services on a nondiscriminatory basis as specified in the American's with Disabilities Act of 1990 (42 USC 12101);
- 5) All services offered will be available regardless of the defendant's source(s) of financial support;
- 6) The defendant has the right to refuse treatment, or any specific treatment procedure, and a right to be informed of the consequences resulting from a refusal of treatment, or of a treatment procedure;
- 7) A Description of the route of appeal or grievance procedure shall be made when the defendant disagrees with the facility's decision, policies or procedures;
- 8) The confidentiality regarding a request for and/or signed consent to do HIV antibody test; a defendant's HIV antibody or AIDS status; the fact that the defendant has been tested for HIV antibodies, and/or the result of an HIV antibody test, whether negative, or positive or inconclusive; and or in pre-teste and or post-test counseling will be protected the AID's Act and AID's Code;

Defendant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Date: \_\_\_\_\_

DUI Evaluation Unit

**DECLARACIÓN DE DERECHOS DEL ACUSADO**

Todo acusado admitido a tratamiento tendrá los siguientes derechos:

1. Acceso a servicios no serán negados basado en raza, religión, origen étnico, discapacidad, orientación sexual o status de HIV;
2. Todos los servicios serán suministrados en el entorno menos restrictivo posible;
3. La confidencialidad de archivos e información esta regidas por las regulaciones Confidencialidad de Los Archivos del Paciente de Alcohol y Abuso de Drogas 42 CFR 2 (1987) del Departamento de Salud y Servicios Humanos de Los Estados Unidos llamada La Administración del Servicio Publico de Alcohol, Abuso de Drogas, y Salud Mental vigente el 10 de agosto de 1987, que queda incorporado aquí por referencia y el Artículo 30 del Acta [20 ILCS 301/Art.30], salvo autorizado por una Orden de La Corte apropiada. Información y archivos clínicos también están protegidos por [730 ILCS 110/12 (4)];
4. Acceso a servicios con base no discriminatoria de acuerdo a lo especificado en el Acta de Americanos con Discapacidades de 1990 (42 USC 12101);
5. Todos los servicios suministrados serán disponibles sin tener en cuenta de las fuentes de apoyo económico del acusado;
6. El acusado tiene el derecho de rechazar tratamiento, o cualquier procedimiento de tratamiento especifico y el derecho de ser informado de las consecuencias como resultado de rechazar el tratamiento, o de el procedimiento a tratamiento;
7. Una descripción del procedimiento para apelar o agravio será proporcionado cuando el acusado no esta de acuerdo con la decisión del instituto, sus pólizas o procedimientos;
8. La confidencialidad relacionada a una solicitud para y/o consentimiento escrito para someterse a una prueba anticuerpos; el status anticuerpos HIV o SIDA del acusado; el hecho que el acusado a sido probado para anticuerpos HIV, y/o los resultados de una prueba anticuerpo HIV, sea negativa o positiva o inconclusa; y o en consejería ante-prueba y/o post-prueba sera protegida por el Acta AID's y el Código AID's.

Firma Acusado: \_\_\_\_\_ Fecha: \_\_\_\_\_

Testigo: \_\_\_\_\_ Fecha: \_\_\_\_\_

18<sup>th</sup> Judicial Circuit – Department of Probation & Court Services

DUI Evaluation Unit

CONSENT FOR SERVICE and CORROBORATOR RELEASE FORM

Defendant's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

I consent to receive a DUI Evaluation from the DuPage County Probation & Court Service's DUI Evaluation Unit.

I also authorize DuPage County Probation & Court Services to obtain information from a corroborator I appoint for the purposes of a DUI Evaluation. On this date, I have given my permission to \_\_\_\_\_ (*name & relationship to defendant*) to speak on my behalf with the DUI evaluator.

Defendant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Unidad de Evaluaciones DUI

**CONSENTIMIENTO PARA SERVICIO Y LIBERACIÓN DEL FORMATO DEL CORROBORADOR**

Nombre del Acusado: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Yo doy consentimiento a la Unidad de Evaluaciones por DUI del Condado de DuPage, Departamento de Probación y Servicios a los Tribunales para recibir de o someterme a una Evaluación por DUI en su Unidad de Evaluación.

Yo también autorizo al Departamento de Probación y Servicio a los Tribunales de obtener información de un corroborado que yo nombre para el propósito de una Evaluación por DUI. En esta fecha, yo he dado mi permiso a \_\_\_\_\_ (nombre & relación con el acusado) para hablar a mi nombre con el evaluador de DUI.

Firma del Acusado: \_\_\_\_\_

Fecha: \_\_\_\_\_

Firma del Evaluador: \_\_\_\_\_

Fecha: \_\_\_\_\_





Bruce Rauner, Governor

James T. Dimas, Secretary

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## REFERRAL LIST VERIFICATION FORM

I have been shown a listing of licensed DUI and/or substance abuse treatment programs. I understand that I may seek any necessary services at the program of my choice.

\_\_\_\_\_  
*Offender Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Evaluator Signature*

\_\_\_\_\_  
*Date*



Bruce Rauner, *Governor*

James T. Dimas, *Secretary*

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## **FORMULARIO PARA VERIFICACIÓN DE LISTA DE REFERENCIAS**

Se me ha mostrado la lista de programas de tratamiento para DUI y/o abuso de sustancias con licencia. Yo entiendo que puedo buscar los servicios necesarios en el programa que yo escoja.

\_\_\_\_\_  
*Firma del Acusado*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Firma del Evaluador*

\_\_\_\_\_  
*Fecha*

Circuit Court, D<sup>u</sup> Page County, 18<sup>th</sup> Municipal District 5595

Case Number \_\_\_\_\_

DUI TRAFFIC CITATION NO. (11-501A1) <u>1804020088</u>	DUI TRAFFIC CITATION NO. (11-501A2) <u>1804020088</u>
11-401 Citation No.	DUI TRAFFIC CITATION NO. (OTHER) <u>1804020088</u>

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**e-FILED**  
AUG 23 2018 02:07 PM  
State IL  
Chris Kachur

CDL holder

Driver's License Number											
1											

Street Address Schaumburg, ILLINOIS  
City & State M, IL  
Sex \_\_\_\_\_ Date of Birth 12-17-  
Notice of Summary Suspension/Revocation Given On 8, 9, 2018  
Month Day Year

City and/or County of Arrest Wheaton / Dupage  
Arrest Date 04, 02, 18 Month Day Year  
Time 2:48  
Place of Refusal or Location of Test(s) Central Dupage Hospital  
Refusal or Test Date 04, 02, 18, 2:48 a.m. p.m. Month Day Year Time

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, urine or other bodily substance 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 this 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 .141, which is .08 or more; or  a delta-9-tetrahydrocannabinol concentration of either 5 nanograms or more of whole blood or 10 nanograms or more of other bodily substance
  - any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of 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.
- Because you are a CDL holder and you submitted to testing conducted pursuant to 11-501.2 which disclosed any amount of a drug, substance or compound resulting from the unlawful use or consumption of cannabis as covered by the Cannabis Control Act your CDL privileges will be disqualified for a minimum of 12 months.

Driver's license surrendered?  Yes  No; Reason: Pending lab results  
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)

Defendant involved in single MV accident roll-over (substantial damage) with little to no recollection of how the event occurred. Defendant admitted to using Xanax, Cannabis and assuming alcohol PBT showed .144. Blunt Cannabis emitting from breath. Impairment on HGN.

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 [Signature] #008 (LUNOY) ID Number \_\_\_\_\_  
Wheaton Police Department Date 8, 9, 18  
Month Day Year

**Intox EC/IR-II  
Subject Test**

BLOOMINGDALE  
POLICE DEPARTMENT  
Serial Number: 011859  
Test Number: 851  
Test Date: 12/01/20  
Test Time: 10:07 CST  
Operator Name: JAFFE  
Operator ID: 116  
Subject Name

Subject D.O.B.: 12/08/1996  
Subject Sex: Male  
Drivers License Number

Drivers License State: IL  
Arresting Officer: JAFFE  
Arresting Officer ID: 116  
Arresting Department  
BLOOMINGDALE PD  
County Name: DUPAGE  
Citation Number:  
System Check: Passed

Test	g/210L	Time
BLK	.000	10:09
SUBJ	.092	10:10

Test Status: Success



Operator Signature

=====  
**Intox EC/IR-II  
Scheduled  
Certification**

BLOOMINGDALE  
POLICE DEPARTMENT  
Serial Number: 011859  
Test Number: 850  
Test Date: 12/01/20  
Test Time: 07:00 CST  
Dry Gas Target: .078  
Lot Number  
AG809502 T029  
Exp Date: 04/05/2020  
System Check: Passed

Test	g/210L	Time
BLK	.000	07:01
CHK	.078	07:01
BLK	.000	07:03
CHK	.078	07:03

Test Status: Success

**Intox EC/IR-II  
Subject Test**

GLEN ELLYN  
POLICE DEPARTMENT  
Serial Number: 012861  
Test Number: 692  
Test Date: 01/24/20  
Test Time: 21:20 CST  
Operator Name: BOOTON  
Operator ID: 10  
Subject Name

Subject D.O.B.: 09/18/1975  
Subject Sex: Male  
Drivers License Number

Drivers License State: IL  
Arresting Officer: BOOTON  
Arresting Officer ID: 10  
Arresting Department  
GLEN ELLYN  
County Name: DUPAGE  
Citation Number:  
System Check: Passed

Test	g/210L	Time
BLK	.000	21:22
SUBJ	***	21:23

Test Status: Test refused

  
Operator Signature

**Intox EC/IR-II  
Scheduled  
Certification**

GLEN ELLYN  
POLICE DEPARTMENT  
Serial Number: 012861  
Test Number: 681  
Test Date: 01/01/20  
Test Time: 07:00 CST  
Dry Gas Target: .079  
Lot Number: AG805201-020  
Exp Date: 02/21/2020  
System Check: Passed

Test	g/210L	Time
BLK	.000	07:01
CHK	.078	07:01
BLK	.000	07:03
CHK	.078	07:03

Test Status: Success

**ILLINOIS STATE POLICE**  
 Division of Forensic Services  
 Forensic Science Center at Chicago  
 1941 West Roosevelt Road  
 Chicago, Illinois 60608-1229  
 (312) 433-8000 (Voice) \* 1-(800) 255-3323 (TDD)

Bruce Rauner  
*Governor*

Leo P. Schmitz  
*Director*

July 23, 2018

**LABORATORY REPORT**

Lundy, Tamra  
 WHEATON PD  
 900 WEST LIBERTY DRIVE  
 WHEATON, IL 60187

Laboratory Case #C18-  
 Agency Case #  
**SUPPLEMENTAL REPORT**

**OFFENSE** Driving Under the Influence  
**SUSPECT**

The following evidence was received by the Forensic Science Center at Chicago on April 10, 2018:

<u>EXHIBIT</u>	<u>DESCRIPTION</u>	<u>FINDINGS</u>
1B	Two bottles of urine	Alprazolam detected, Tetrahydrocannabinol (THC) metabolite detected.

This supplemental report only includes the results from additional analysis performed at the request of Ofc. Tamra Lundy of the Wheaton Police Department. For the initial test results please refer to the laboratory report dated 18 June 2018.

Drug analysis was limited to the following classes: Barbiturates, Benzodiazepines, and THC metabolite. Note: Testing is not all inclusive and does not include synthetic cannabinoids. Should additional testing be required, please contact the laboratory.

Section 5-9-1.9 of the Unified Code of Corrections (730ILCS) authorizes a criminal laboratory analysis fee of \$150.00 to be imposed for persons adjudged guilty of an offense in violation of Section 11-501 of the Illinois Vehicle Code.

Any analysis conducted is accredited under the laboratory's ISO/IEC 17025 accreditation issued by ANSI-ASQ National Accreditation Board (ANAB). Refer to certificate #AT-1697 and associated Scope of Accreditation.

Respectfully submitted,

8/1/18

DISTRIBUTION  
 SUBMITTING OFFICER  
 PROPERTY CONTROL OFFICER  
 PROSECUTOR

Henry Luis Rentas  
 Forensic Scientist

LC#504

**ILLINOIS STATE POLICE**  
Division of Forensic Services  
Forensic Science Center at Chicago  
1941 West Roosevelt Road  
Chicago, Illinois 60608-1229  
(312) 433-8000 (Voice) \* 1-(800) 255-3323 (TDD)

Bruce Rauner  
Governor

Leo P. Schmitz  
Director

June 18, 2018

**LABORATORY REPORT**

Lundy, Tamra  
WHEATON PD  
900 WEST LIBERTY DRIVE  
WHEATON, IL 60187

Laboratory Case #C18-  
Agency Case # 3

OFFENSE Driving Under the Influence  
SUSPECT

The following evidence was received by the Forensic Science Center at Chicago on April 10, 2018:

<u>EXHIBIT</u>	<u>DESCRIPTION</u>	<u>FINDINGS</u>
1A	Two tubes of blood	Ethanol 0.141 g/dL.
1B	Two bottles of urine	Not analyzed.

Note: Analysis has been limited to volatiles only. Should additional testing be required, please contact the Forensic Science Center at Chicago at (312) 433-8000.

Volatile analysis of this case is limited to the following: ethanol, methanol, acetone, isopropanol, and toluene.

Section 5-9-1.9 of the Unified Code of Corrections (730ILCS) authorizes a criminal laboratory analysis fee of \$150.00 to be imposed for persons adjudged guilty of an offense in violation of Section 11-501 of the Illinois Vehicle Code.

Any analysis conducted is accredited under the laboratory's ISO/IEC 17025 accreditation issued by ANSI-ASQ National Accreditation Board (ANAB). Refer to certificate #AT-1697 and associated Scope of Accreditation.

Respectfully submitted,

Submitting Officer

Henry Luis Rentas  
Forensic Scientist

Property Control Officer

Prosecutor



ILLINOIS STATE POLICE  
Division of Forensic Services

Rod R. Blagojevich  
Governor

November 8, 2007

Larry G. Trent  
Director

Assistant State's Attorney Janetta Sanks  
Office of the DuPage County State's Attorney  
503 North County Farm Road  
Wheaton, IL 60187

Dear ASA Sanks;

I am writing this in response to your request for a conversion of the serum alcohol level into a whole blood alcohol level of ~~0.257 g/dL~~. The following are the results of those calculations.

The serum alcohol level provided is 257 mg/dL of ethanol, or 0.257 grams of ethanol in 100 milliliters (1 deciliter) of serum. Conversion from the serum to whole blood is accomplished using the following equation based on the guidelines in 20 Illinois Administrative Code, Chapter II, Part 1286:

$$\text{BAC} = \text{SAC}/1.18$$

Where: BAC = Blood Alcohol Concentration  
SAC = Serum Alcohol Concentration  
1.18 = Correction factor used for conversion

$$\begin{aligned} \text{BAC} &= 0.257 \text{ g/dL (ethanol in serum)}/1.18 \text{ (serum/whole blood)} \\ &= 0.217 \text{ g/dL (ethanol in whole blood)} \end{aligned}$$

The ratio is based on the difference in water content between whole blood and serum. Alcohol distributes throughout the body relative to the water content of the various tissues and fluids. The concentration of water in serum is approximately 18% higher than whole blood. This is reflected in the alcohol concentrations of these two fluids by the fact that serum will have an alcohol concentration approximately 18% higher than whole blood.

Conclusions:

Therefore, it is my conclusion, based on the calculations shown, that ~~0.257 g/dL~~ blood alcohol concentration was approximately 0.217 g/dL. This opinion is based on the data provided for this case, data published in scientific literature, and on the calculation outlined above.

Should you have any further questions, feel free to contact me at (312) 433-8000 ext. 2051.

Sincerely,

A. Karl Larsen, Jr., Ph.D.  
Toxicology Technical Leader  
Forensic Science Center at Chicago



State of Illinois  
Department of Human Services

**Alcohol and Drug Evaluation Uniform Report**

**PART 1. OFFENDER INFORMATION**

Offender Name: \_\_\_\_\_  
LAST FIRST MI

IL Driver's License Number or State ID: \_\_\_\_\_

Other Valid Driver's License Number: \_\_\_\_\_  
NUMBER STATE

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME WORK/extension CELL

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YYYY

Race(s):  American Indian/Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black/African American  Unknown

Hispanic Origin: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Religion: \_\_\_\_\_ Interpreter Services: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Widowed  Divorced

Education Level:  Under 7 yrs.  Some college, no degree  Master's Degree, or higher  
 Junior H.S.  Associate's Degree  
 High School/GED  Bachelor's Degree

Employment Status:  Full-time  Part time  Unemployed  Disabled  Retired  Student

Occupation: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Number of Dependents (including self): \_\_\_\_\_

Physical or Mental Disability: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

VETERAN:  YES  NO BRANCH: \_\_\_\_\_ ACTIVE:  YES  NO

**STOP HERE**

**PART 2. CURRENT DUI ARREST INFORMATION**

2.1 Referral Source:     COURT     SOS     ATTORNEY     SELF     OTHER

2.2 Evaluation Begin Date: \_\_\_\_\_ 2.3 Evaluation End Date: \_\_\_\_\_

2.4 Date of Arrest: \_\_\_\_\_ 2.5 Time of Arrest: \_\_\_\_\_ **AM / PM**

2.6 County of Arrest: \_\_\_\_\_ 2.7 Blood-Alcohol Concentration (BAC): \_\_\_\_\_

2.8 Results of Blood and/or Urine:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

- |                               |                                      |                               |
|-------------------------------|--------------------------------------|-------------------------------|
| 01-Alcohol (beer/wine/liquor) | 08-Dilaudid (Rx/Non-Rx)              | 15-Methamphetamine            |
| 02-Amphetamines               | 09-Hallucinogens (Peyote, LSD, etc.) | 16- Non-Rx Methadone          |
| 03-Barbiturates               | 10-Hashish                           | 17- Non-Barbiturate Sedatives |
| 04-Base cocaine               | 11-Heroin                            | 18- Other                     |
| 05-Benzodiazepines            | 12-Inhalents                         | 19- Other Opioids             |
| 06-Cocaine                    | 13-Karachi                           | 20- Over-the counter          |
| 07-Crack                      | 14-Marijuana                         | 21- PCP                       |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY**

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

Date of Arrest	Date of Conviction or Court Supervision	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Date of Arrest	Effective Date of Suspension	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(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 suspensions listed above):

Date of Arrest	Date of Conviction	BAC
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

3.4 Other prior 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).

<u>Zero Tolerance</u>		<u>Illegal Transportations</u>	
Date of Arrest	Effective Date	Date of Arrest	Date of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.

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**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.

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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.

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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).

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

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

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

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**PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY**

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

Impairments

Family

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Marriage or significant other relationships

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Legal status

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Socially

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Vocational/work

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Economic status

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Physically/Health

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**PART 5. OBJECTIVE TEST INFORMATION**

5.1 Mortimer/Filkins Score: **NOT APPLICABLE** Category: **NOT APPLICABLE**

- 5.2 ASUDS-RI Risk Level:  1 = Minimal  
 2 = Moderate  
 3 = Significant  
 4 = High

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

- |                                |                              |                                 |                                  |   |
|--------------------------------|------------------------------|---------------------------------|----------------------------------|---|
| Validity Scale:                | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Alcohol Scale:                 | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Driver Risk:                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Drugs Scale:                   | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |
| Stress Coping Abilities Scale: | <input type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> PROBLEM | <input type="checkbox"/> SEVERE PROBLEM |



**PART 6. CRITERIA FOR SUBSTANCE USE DISORDER**

6.1 Identify any Substance Use Disorder criteria occurring any time in the same 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.

*IMPAIRED CONTROL:*

- 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 its effects of alcohol or drug use.
- Craving, or a strong desire or urge to use alcohol or drugs.

*SOCIAL IMPAIRMENT:*

- 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.

*RISKY 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.

*PHARMACOLOGICAL:*

- Tolerance—either a need for markedly increased amounts of alcohol or drug to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of alcohol or drug.
- Withdrawal—as manifested by either the characteristic withdrawal syndrome for the substance or the same or closely-related substance is 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 course specifier that reflects the offender's current status.

- Current status:
- |                          |                        |                          |                           |
|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | In early remission     | <input type="checkbox"/> | On maintenance therapy    |
| <input type="checkbox"/> | In sustained remission | <input type="checkbox"/> | In controlled environment |
| <input type="checkbox"/> | Not Applicable         |                          |                           |

6.3 Has the offender ever met Substance Use Disorder criteria by prior history but 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 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.

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**PART 7. OFFENDER BEHAVIOR**

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

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

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

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7.4 Where was the offender interview conducted?

Licensed Site                       Non-Licensed Site, specify site: \_\_\_\_\_

7.5 Is this a second opinion evaluation?

Yes               No              If yes, explain: \_\_\_\_\_

7.6 What modality was this DUI Evaluation completed?

Face-to-face               Telehealth, explain: \_\_\_\_\_

**PART 8. CLASSIFICATION**

8.1 Classification:    Minimal                       Moderate                       Significant                       High

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.

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**PART 9. MINIMAL REQUIRED INTERVENTION**

9.1 Intervention:    Minimal (10)               Moderate (10/12)               Significant (10/20)               High (75)

9.2 The offender was referred as follows:

*All clients of the 18<sup>th</sup> Judicial Circuit DUI Evaluation Unit receive a comprehensive DHS/DASA Treatment Providers list.*

**ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-RI)**  
 Authors: Kenneth W. Wanberg and David S. Timken

**CLIENT INFORMATION**

<b>Name:</b> <b>DOB:</b> 12/17/1995 <b>Age:</b> 22 <b>Gender:</b> Male <b>Ethnicity:</b> Anglo-American White <b>Marital Status:</b> Never married	<b>Assess Date:</b> 10/23/2018 <b>Client ID:</b> <b>Evaluator:</b> BMS <b>Agency Name:</b> DCP	<b>Arrest BAC:</b> .141 <b>Failed Blood/Urine Test:</b> Yes <b>Prior DWI/DUI Convictions:</b> 1 <b>Prior DWI/DUI Education Hrs:</b> 0 <b>No. AOD OP Treatment Sessions:</b> 30 <b>No. AOD Inpatient Days:</b> 0
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**DRUG AND ALCOHOL USE HISTORY**

Drug Category	Times in lifetime	Times last 12 months	Age Last Use	Drug Category	Times in lifetime	Times last 12 months	Age Last Use
Alcohol Drunk	One to 10 times	One to 10 times	22	Heroin	Never Used	Never Used	N/A
Marijuana	More than 50 times	One to 10 times	22	Other Opiate	Never Used	Never Used	N/A
Cocaine	Never Used	Never Used	N/A	Sedatives	Never Used	Never Used	N/A
Amphetamines	Never Used	Never Used	N/A	Tranquillizers	26-50 times	26-50 times	22
Hallucinogens	Never Used	Never Used	N/A	Cigarettes	Do not smoke now		
Inhalants	Never Used	Never Used	N/A				

**CRITICAL ITEMS**

- Drove a few times when had too much to drink
- Sometimes passed out as result of drinking
- Not recall what did when drinking twice
- Blackouts 1-3 times
- Passed out 1-3 times
- Physical shakes 1-3 times
- Committed a crime 1-3 times
- Charged with impaired driving 1-2 times
- Sometimes high on drugs when breaking law
- Arrested and charged with crime 3-4 times
- Convicted of a crime 3-4 times
- Most likely want to make changes in use of alcohol or other drugs
- For sure, want to stop using or continue not to use alcohol
- For sure, want to stop using or continue to not use other drugs ,

**SUGGESTED SERVICE LEVEL BENEFITS OR GUIDELINES**

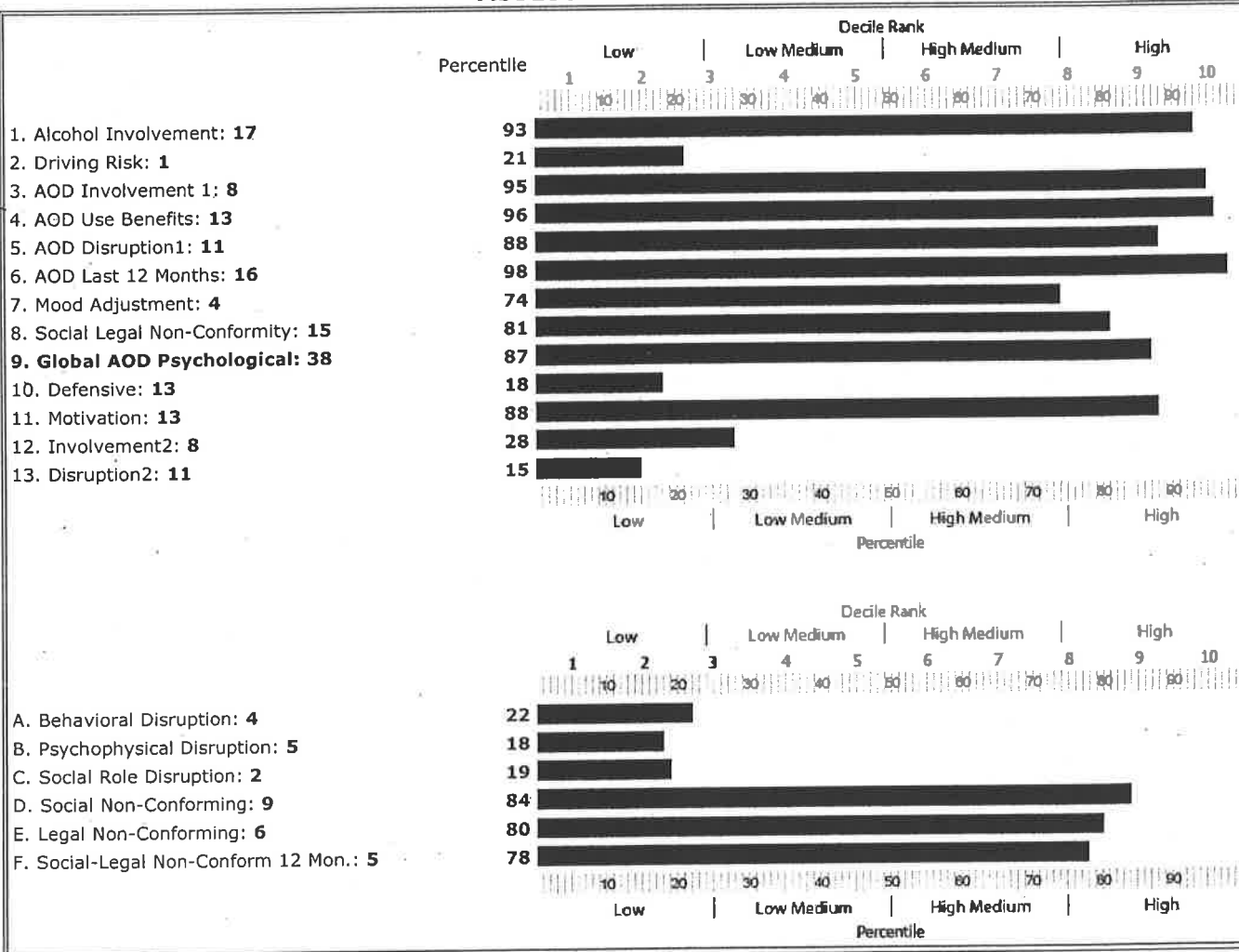
Level	Suggested Service Level Benefit	Weighted
3	Client could benefit from a basic alcohol-drug / DUI risk education program plus a short-term weekly alcohol/drug treatment program with an aftercare plan.	10



### ASSESSMENT SUMMARY

- Highly defensive in disclosing driving risk behavior.
- Moderate to high level of past alcohol involvement with strong indication of past pattern of alcohol problems.
- Low-moderate defensiveness quite open to self-disclosure.
- Occasional mood and psychological distress.
- Moderate to high past AOD Involvement based on drugs (drugs include alcohol) listed in the survey.
- Reports significant AOD involvement in last 12 months.
- Significant past AOD negative outcomes or consequences to suggest a past pattern of AOD problems.
- Indicates low to moderate history of social-legal non-conforming.
- Indicates moderate to high motivation and desire for change and reluctant to get help for AOD problems.
- Overall history of psychosocial and AOD problems and disruption is very significant and moderate to high.

### ASSESSMENT SCALES



\*AOD = alcohol or other drugs

Information in the ASUDS-RI summary is based on the client's self-report. It is dependent on his or her ability to validly respond to the questions. It represents the individual's perception of self regarding alcohol and other drug use, driving attitudes and behaviors, concerns about self, relationship with the community, legal history, and willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources when making referral, education or treatment recommendations. No one piece of information from this or any other source should be used solely to make such decisions. When possible, it is helpful to engage the client in a partnership when making referral and treatment recommendations and decisions. The final referral and treatment recommendations are always made by the evaluator.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Answer Sheet**

Questions are based on user entry; 1 = A, 2 = B, 3 = C, 4 = D, 5 = E, 6 = F

1	2	2	3	2	4	3	5	3	6	1	7	4	8	2	9	3	10	2	11	1	12	3	13	2	14	1	15	1	16	1	17	1	18		
1	19	1	20	1	21	1	22	1	23	1	24	2	25	1	26	2	26a	2	26b	22	27	5	27a	2	27b	22	28	1	28a						
1	28b	N/A	29	1	29a	1	29b	N/A	30	1	30a	1	30b	N/A	31	1	31a	1	31b	N/A	32	1	32a	1	32b										
N/A	33	1	33a	1	33b	N/A	34	1	34a	1	34b	N/A	35	4	35a	4	35b	22	36	2	37	2	38	2	39	2	40								
2	41	2	42	2	43	2	44	2	45	2	45a	2	46	1	46a	1	47	2	47a	2	48	2	48a	2	49	1	49a	1	50						
2	50a	2	51	1	51a	1	52	2	52a	2	53	1	53a	1	54	2	54a	2	55	1	55a	1	56	1	56a	1	57	2	57a						
2	58	1	58a	1	59	2	59a	2	60	2	60a	2	61	1	61a	1	62	2	62a	2	63	2	63a	2	64	1	64a	1	65						
2	66	2	67	2	68	1	69	2	70	1	71	1	72	1	73	1	74	3	75	1	76	3	77	3	78	3	79	3	80	2	81				
3	82	1	83	1	84	2	85	2	86	3	87	1	88	1	89	1	89a	1	90	2	90a	2	91	2	91a	1	92	2	92a						
2	93	2	93a	2	94	2	94a	2	95	3	95a	2	96	3	96a	1	97	1	97a	1	98	1	98a	1	99	1	99a	1	100						
1	100a	1	101	1	101a	1	102	1	102a	1	103	1	103a	1	104	1	104a	1	105	1	105a	1	106	1	106a										
1	107	3	108	4	109	4	110	2	111	2	112	3	113	2																					







# ILLINOIS PETITIONER ALCOHOL/DRUG EVALUATION REPORT UPDATE



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at  
www.cyberdriveillinois.com

## INSTRUCTIONS:

An Alcohol/Drug Evaluation Report Update cannot be used if the petitioner has been arrested for DUI since his/her Uniform Report/Investigative Report was completed (a new Uniform Report must be submitted).

Investigative Reports that did not recommend intervention normally do not require an updated evaluation unless otherwise directed by the Secretary of State Department of Administrative Hearings.

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

This petitioner's case file transferred to this agency on \_\_\_/\_\_\_/\_\_\_/ from \_\_\_\_\_

YES  NO

My agency completed a Uniform Report/Investigative Report on \_\_\_/\_\_\_/\_\_\_/.

YES  NO

My agency provided primary alcohol/drug-related treatment to this petitioner on \_\_\_/\_\_\_/\_\_\_/.  
(Discharge Date)

YES  NO

If you answered yes to any of the last three statements, your agency may conduct the Alcohol/Drug Evaluation Update. This document shall report the nature and extent of the petitioner's use of alcohol and other drugs from the time period from his/her last evaluation to the present. Any new or additional recommended countermeasures must be reported and completed by the petitioner and documented for his/her application for driving relief. A petitioner is expected to complete the recommended countermeasures. If it is an ongoing countermeasure (such as support system attendance, abstinence, etc.), he/she is expected to follow those recommendations.

All items contained in this form must be completed. The information provided should be typed, as illegible documents will delay the application process or result in the denial of petitioner's application. If more space is needed, attach additional sheets. Before completing this evaluation, review all previous evaluations, treatment summaries and the petitioner's last Denial Order from the Secretary of State (if applicable).

NOTE: If not previously submitted, attach a copy of the Alcohol/Drug Evaluation Uniform Report, any subsequent Alcohol/Drug Evaluation Update and a copy of the petitioner's chronological alcohol and drug use history. If the Alcohol/Drug Evaluation Update is being completed by a treatment agency, a Comprehensive Discharge Summary also must be submitted.

## PERSONAL:

This Alcohol/Drug Evaluation Report Update form reports the nature and extent of the use of alcohol or drugs and the resulting recommendations for the following petitioner.

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

Beginning Date of Evaluation: \_\_\_\_\_

Completion Date of Evaluation: \_\_\_\_\_

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

**1. ALCOHOL/DRUG USE HISTORY:**

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

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

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

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

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

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

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

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

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

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

3. Since the petitioner's last evaluation, did he/she concurrently use alcohol and other substances?  **YES**  **NO**

If yes, explain:

4. If the petitioner has used alcohol and/or drugs since his/her last evaluation, describe the petitioner's drinking and drug use pattern since the last evaluation, including frequency, type, amount, duration of said pattern, and report frequency of intoxications.

5. Since the petitioner's last evaluation, has he/she exhibited any impairments in significant life areas (social, legal, family, marital, physical, economic), and/or has he/she exhibited any alcohol/drug-related problems, **including but not limited to** black-outs, increased tolerance, loss of control, withdrawal symptoms, increased alcohol or drug use, and using substances to self-medicate chronic pain or symptoms of depression?  **YES**  **NO** Report frequency of each.

6. Report any current significant physical, medical, emotional/mental health or psychiatric problem(s) and participation in and/or completion of any treatment not previously reported or which has occurred since the last evaluation. A treatment discharge summary should be submitted for any treatment completed. A progress report should be submitted for any treatment not completed. The petitioner will be informed whether a Medical Report Form is required.

7. Is the petitioner taking any medication (prescription or over-the-counter) that when taken alone or in combination with alcohol or other drugs might impair driving ability?  **YES**  **NO** If yes, identify the medication and discuss any potential impairment. Petitioner will be informed whether a Medical Report Form is required.

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

8. Review the information previously obtained regarding the petitioner's most recent DUI arrest or, **if not revoked for DUI**, the most recent alcohol/drug-related arrest. This should include, at a minimum, the time and date of the arrest, reason for arrest, type and amount of alcohol or drugs consumed over what time period, petitioner's perception of the effect of the alcohol and/or drugs consumed, and any chemical test results.

a. Date of offense: \_\_\_\_\_ Type of offense: \_\_\_\_\_

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

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

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

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





- d. Provide a clear and complete explanation as to whether this additional information warrants or does not warrant additional treatment hours. **Additional treatment hours must be completed and properly documented before applying for driving relief.**
  
- e. If the **previous alcohol/drug evaluation was an Investigative Alcohol/Drug Evaluation**, then please report the evaluator/treatment provider's clinical impression of the nature and extent of petitioner's alcohol/drug abuse, alcohol and/or substance dependency, and/or mental health problems, if any were identified.
  
- f. The petitioner must submit evidence that he/she has or is complying with all the recommendations made at the time the Investigative Alcohol/Drug Evaluation was completed. This includes treatment; education; ongoing recommendations including support system meetings and abstinence etc.

**CLASSIFICATION:**

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

**CURRENT CLASSIFICATION:**

- MINIMAL RISK
- MODERATE RISK
- SIGNIFICANT RISK
- HIGH RISK NON-DEPENDENT
- HIGH RISK CHEMICAL DEPENDENCY  
(four or more DSM V criteria)
  - ACTIVE
  - IN REMISSION

**PREVIOUS CLASSIFICATION:**

- MINIMAL RISK
- MODERATE RISK
- SIGNIFICANT RISK
- HIGH RISK NON-DEPENDENT
- HIGH RISK CHEMICAL DEPENDENCY
  - ACTIVE
  - IN REMISSION

**3 DUI dispositions in a 10-year period from the date of the most recent DUI arrest; further assessment required.)**

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

1. **RECOMMENDATIONS:**

Report previous recommendations and when they were successfully completed.

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

**EVALUATOR VERIFICATION (required):**

I certify that I have accurately reported the data collected and required in order to complete the evaluation update.

Provider's Name: (type or print)	
Provider's Signature:	Date:
Provider's Title:	Telephone Number:
Program Name:	Accreditation/License Number:
Address: (Street/City/State/ZIP)	

**This evaluation update must be signed, dated and be no more than six months old from the Completion Date of Evaluation found on page 1 when received by the Secretary of State's office.**

**PETITIONER VERIFICATION:**

**Must be verified in the presence of the evaluator/treatment provider.**

The information I have provided for this Alcohol/Drug Evaluation Report Update is true and correct. I have read the information contained in this report and all the recommendations have been explained to me.

Petitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# IL DRI-2

## Instructions

We realize this is a difficult time for you. Nevertheless, we need more information so we can better understand your situation.

All questions in this questionnaire should be answered. Do not skip any questions. Your cooperation is appreciated.

The term "substance use" refers to alcohol and drugs.

Anticipate approximately 20 ± minutes to complete this questionnaire.

**You may begin.**

## Section 1

The statements in this section are to be answered true or false. If a statement is **true**, put an **X** under **T** for **True** on your answer sheet. If a statement is **false**, put an **X** under **F** for **False** on your answer sheet.

1. There have been times when I have been irritated and frustrated by other drivers.
2. I am concerned about my drinking.
3. I am an impatient person and usually drive fast.
4. I have used drugs more than I should.
5. There are times when I get very angry.
6. My drinking has caused serious family and social problems for me.
7. I am quick tempered and need to learn how to control it.
8. There have been times when I have felt guilty about my use of drugs.
9. I often drink more or use more drugs than I intended.
10. There are times when I really worry about myself and my happiness.
11. There are times when I feel guilty about my drinking.
12. I can be easily annoyed or angered while driving.
13. I am concerned about my drug use.
14. I have used my cell phone while driving.
15. My drinking is more than just a little or minor problem.
16. When I get frustrated and annoyed at another driver I tend to "fly off the handle" and curse or swear at them.
17. A family member has told me I should get help for my drug use.
18. I spend a lot of time using alcohol and/or drugs and recovering from their effects.
19. There have been times when I have driven after drinking.
20. I attend Alcoholics Anonymous (AA) meetings because of my drinking.
21. Even though I wasn't caught, I have made mistakes while driving that were my fault.
22. I have been treated for a drug problem.
23. I know I shouldn't, but there have been times when I have been jealous of others' success.
24. Once I begin drinking, it often seems as if I cannot stop.
25. I get angry quickly.
26. My repeated substance (alcohol/drug) use has resulted in my failing to fulfill important duties and responsibilities at home, school or work.
27. I get upset when others criticize or blame me.
28. I have had two or more memory losses (blackouts) after drinking heavily.
29. There are times when I get really frustrated and angry.
30. I admit I am often an aggressive driver.

31. I have had a drug abuse problem in the past.
32. I don't consider myself a fast or aggressive driver, but at some point I do exceed the speed limit almost every time I drive.
33. I continue to drink despite family arguments about my drinking.
34. I regret some of the things I have said or done when I was angry or mad.
35. To be honest, I am a fast and aggressive driver.
36. There are times when I am concerned that others may think badly of me.
37. I go to Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings because of my drug use.
38. I do not always tell the whole truth when asked about my personal life.
39. I continue my substance (alcohol/drugs) use despite the recurrent social and interpersonal problems this causes.
40. There are times when I am really down, depressed and discouraged.
41. I am a recovering alcoholic.
42. When I am angry or mad I become verbally abusive and shout or swear a lot.
43. It bothers me when I am overlooked or ignored by people I know.
44. I have given up or reduced important social, occupational or recreational activities because of my substance (alcohol/drug) use or abuse.
45. There are times when I am very unhappy.
46. I have admitted to a family member that I have a drinking problem.
47. Two or more of the following apply to me (answer true or false on your answer sheet):
  - a. I have driven without proper insurance.
  - b. My driver's license has been suspended or revoked.
  - c. I use my cell phone while driving.
  - d. I have had three or more speeding tickets in the last ten years.
  - e. I have caused two or more at-fault accidents.
48. My use of drugs has threatened my happiness and success in life.
49. Even though I am aware of the harmful effects of repeated substance use, I continue to drink and/or use non-prescription drugs.
50. Sometimes I get angry and upset at myself.
51. I have had to use much more alcohol and/or drugs to get the same effect I used to.
52. I have missed school or work because of my drinking.
53. I have lied about my use of drugs – either saying I use less than I really do, or hiding the fact that I use drugs at all.
54. I am a careless, inattentive or indifferent driver.
55. People tell me I lose control over little problems and minor frustrations.
56. I have been treated for a drinking problem.
57. I have admitted to a close family member that I have a drug problem.
58. I often take substances (alcohol/drugs) in larger amounts or over a longer period than I intended.
59. I use and sometimes abuse drugs.
60. I send and receive text messages while driving.
61. I have done things when angry or mad that I later regretted.
62. I am in counseling or treatment for my drinking problem.
63. To be honest, I drive too fast.
64. I continue to use drugs despite family arguments about my drug use.
65. Almost all of my normal daily activities are associated with (or affected by) my substance use and abuse.
66. Drinking has interfered with my happiness and success in life.

67. I have a drug problem.
68. There are times when I really worry about myself and my future.
69. Within the last year I have had persistent cravings and strong urges for my alcohol and/or drug use.
70. Because of my drug use I have given up or quit social functions, work and/or recreational activities.
71. I continue using substances (alcohol/drugs) even though I know they cause physical and psychological problems for me.
72. I have a drinking problem.
73. There have been times when I knew I should not drive – but did.
78. Rate your drinking on a ten point scale. One represents “no problem,” whereas ten represents a “severe drinking problem.” I rate my drinking as:
  1. No problem (rate 1 or 2).
  2. Mild alcohol use (rate 3, 4 or 5).
  3. A drinking problem (rate 6, 7 or 8).
  4. A severe drinking problem (rate 9 or 10).
79. Rate your drug use on a ten point scale. One represents “no drug use problem,” whereas ten represents a “severe drug abuse” problem. I rate my drug use as:
  1. No drug use problem (rate 1 or 2).
  2. Mild drug use problem (rate 3, 4 or 5).
  3. A drug abuse problem (rate 6, 7 or 8).
  4. A severe drug abuse problem (rate 9 or 10).

## Section 2

The statements in this section describe you or your situation. Put an **X** under the number (1, 2, 3 or 4) on your answer sheet that is most accurate for you.

74. Rate your “driving” on a ten point scale. One represents a “poor” driver-rating whereas ten represents a “good” driver-rating I rate myself as:
  1. A poor (rate 1 or 2) driver.
  2. An adequate (rate 3, 4 or 5) driver.
  3. A below average (rate 6, 7 or 8) driver.
  4. A good (rate 9 or 10) driver.
75. My drinking is:
  1. A serious problem.
  2. A moderate problem.
  3. A mild problem.
  4. Not a problem.
76. My drug use is:
  1. A serious problem.
  2. A moderate problem.
  3. A mild problem.
  4. Not a problem.
77. I have tried but I cannot:
  1. Reduce, cut down or control my use of alcohol and/or drugs.
  2. Stop using alcohol and/or drugs.
  3. Both 1 and 2.
  4. None of the above.
80. Within the last year I have had intense urges or cravings for my substance of choice:
  1. In settings where I had used the substance.
  2. Randomly, at different times and places.
  3. Both 1 and 2.
  4. None of the above.
81. How would you describe your desire to get alcohol treatment or help?
  1. I want help.
  2. I may need help.
  3. Maybe, not sure.
  4. No need.
82. My repeated substance (alcohol/drug) use has resulted in:
  1. Absences or poor performance in school or work due to alcohol and/or drug use.
  2. Neglecting my household duties or responsibilities.
  3. Both 1 and 2.
  4. None of the above.
83. I have continued alcohol and/or drug use despite persistent and recurrent:
  1. Social and/or interpersonal problems
  2. Arguments or fights with my family or significant other about my substance use.
  3. Both 1 and 2.
  4. None of the above.

84. Recovering means have a substance (alcohol/drug) abuse problem, but not drinking or using drugs anymore. I am a recovering:
1. Alcoholic.
  2. Drug abuser.
  3. Both 1 and 2.
  4. None of the above.
85. I have repeatedly used alcohol or drugs:
1. In physically hazardous or dangerous situations like swimming, boating, driving or skiing.
  2. Before driving or operating machinery.
  3. Both 1 and 2.
  4. None of the above.
86. How would you describe your desire to get drug treatment or help?
1. I want help.
  2. I may need help.
  3. Maybe, not sure.
  4. No need.
87. I have noticed within the last year:
1. I use a lot more alcohol and/or drugs to get intoxicated or high.
  2. I do not get intoxicated or high when I use the same amount of alcohol or drugs that I used to use.
  3. Both 1 and 2.
  4. None of the above.
88. I have had withdrawal symptoms like trouble sleeping, tremors, sweating, nausea, vomiting, headaches, etc.:
1. After reducing my alcohol/drug use.
  2. When I stopped my alcohol/drug use.
  3. Both 1 and 2.
  4. None of the above.
89. How many different drug treatment programs have you been enrolled in?
1. One.
  2. Two or three.
  3. Four or more.
  4. None.

### Section 3

Rate each statement as it applies to you **now**. Put an **X** on your answer sheet under the number that you select for your answer. Use the following rating scale.

- |                  |                         |
|------------------|-------------------------|
| 1. Rare or Never | 3. Often                |
| 2. Sometimes     | 4. Very Often or Always |

90. Positive Attitude / Outlook
91. Anxious / Worried / Fearful
92. Satisfied with Self / Like Self
93. Nervous / Unable to Relax
94. Impulsive / Spontaneous
95. Financially Stable / Responsible
96. Dissatisfied with Life
97. Able to Handle Life's Problems
98. Insomnia / Trouble Sleeping
99. Careful / Considerate Driver
100. Enthusiastic / Involved in Life
101. Fatigued / Tired / Sluggish
102. Angry / Hostile with Others
103. Work / Job Satisfaction
104. Tension / Stress / Pressure
105. Trust My Own Judgment
106. Depressed / Discouraged
107. Rebellious / Unruly / Defiant
108. Content with Life / Satisfied
109. Lonely / Unhappy
110. Careless / Inconsiderate Driver
111. Patient / Tolerant / Understanding
112. Emotionally Upset / Crying
113. Express My Feelings Comfortably

When finished turn in your questionnaire and answer sheet.

**Thank you for your cooperation.**

# IL DRI-2

## Answer Sheet

Accurately Complete the Following Information

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Sex: M  , F  Education (Highest Grade Completed): \_\_\_\_\_

Ethnicity (Race): \_\_\_\_\_

Marital Status: \_\_\_\_\_  
Single, Married, Divorced, Separated, Widowed

Last Four Digits of Your SSN: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**INSTRUCTIONS:** If the answer is none, put in a zero. if the item does not apply to you put in an "N". If the BAC is refused enter "R". If there is no BAC enter "N" otherwise enter an attained three digit BAC level number.

1. Date of your present DUI/DWI: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Do you have other or additional DUI/DWI offenses pending? ..... Y \_\_\_ N \_\_\_
3. Primary / underlying reason for your present DUI/DWI (select one):  
Alcohol  Marijuana (pot)   
Drugs  Substance abuse   
Zero Tolerance  Impaired due to other substances
4. Blood Alcohol Content (BAC) level at time of DWI arrest: . \_\_\_\_
5. Did you refuse a breath/blood test?..... Y \_\_\_ N \_\_\_
6. Number of DUI/DWI arrests in your lifetime (include current arrest):..... \_\_\_\_\_
7. Is your driver's license suspended or revoked? ..... Y \_\_\_ N \_\_\_
8. Was your current arrest reduced to careless or reckless driving? ..... Y \_\_\_ N \_\_\_
9. Number of alcohol-related (not DUI/DWI) arrests in your lifetime:..... \_\_\_\_\_
10. Number of drug-related (not DUI/DWI) arrests in your lifetime:..... \_\_\_\_\_
11. Number of at-fault motor vehicle accidents in your lifetime: . \_\_\_\_\_
12. Total number of traffic violations (tickets) in your lifetime: . \_\_\_\_\_

### Section 1

If a statement is True, put an X under T for True. If a statement is False, put an X under F for False.

- |     | T     | F     |     | T     | F     |
|-----|-------|-------|-----|-------|-------|
| 1.  | _____ | _____ | 29. | _____ | _____ |
| 2.  | _____ | _____ | 30. | _____ | _____ |
| 3.  | _____ | _____ | 31. | _____ | _____ |
| 4.  | _____ | _____ | 32. | _____ | _____ |
| 5.  | _____ | _____ | 33. | _____ | _____ |
| 6.  | _____ | _____ | 34. | _____ | _____ |
| 7.  | _____ | _____ | 35. | _____ | _____ |
| 8.  | _____ | _____ | 36. | _____ | _____ |
| 9.  | _____ | _____ | 37. | _____ | _____ |
| 10. | _____ | _____ | 38. | _____ | _____ |
| 11. | _____ | _____ | 39. | _____ | _____ |
| 12. | _____ | _____ | 40. | _____ | _____ |
| 13. | _____ | _____ | 41. | _____ | _____ |
| 14. | _____ | _____ | 42. | _____ | _____ |
| 15. | _____ | _____ | 43. | _____ | _____ |
| 16. | _____ | _____ | 44. | _____ | _____ |
| 17. | _____ | _____ | 45. | _____ | _____ |
| 18. | _____ | _____ | 46. | _____ | _____ |
| 19. | _____ | _____ | 47. | _____ | _____ |
| 20. | _____ | _____ | 48. | _____ | _____ |
| 21. | _____ | _____ | 49. | _____ | _____ |
| 22. | _____ | _____ | 50. | _____ | _____ |
| 23. | _____ | _____ | 51. | _____ | _____ |
| 24. | _____ | _____ | 52. | _____ | _____ |
| 25. | _____ | _____ | 53. | _____ | _____ |
| 26. | _____ | _____ | 54. | _____ | _____ |
| 27. | _____ | _____ | 55. | _____ | _____ |
| 28. | _____ | _____ | 56. | _____ | _____ |

**Section 1, continued**

	T	F		T	F
57.	_____	_____	65.	_____	_____
58.	_____	_____	66.	_____	_____
59.	_____	_____	67.	_____	_____
60.	_____	_____	68.	_____	_____
61.	_____	_____	69.	_____	_____
62.	_____	_____	70.	_____	_____
63.	_____	_____	71.	_____	_____
64.	_____	_____	72.	_____	_____
			73.	_____	_____

**Section 2**

Put an X under the number (1, 2, 3 or 4) that is accurate for you.

	1	2	3	4
74.	_____	_____	_____	_____
75.	_____	_____	_____	_____
76.	_____	_____	_____	_____
77.	_____	_____	_____	_____
78.	_____	_____	_____	_____
79.	_____	_____	_____	_____
80.	_____	_____	_____	_____
81.	_____	_____	_____	_____
82.	_____	_____	_____	_____
83.	_____	_____	_____	_____
84.	_____	_____	_____	_____
85.	_____	_____	_____	_____
86.	_____	_____	_____	_____
87.	_____	_____	_____	_____
88.	_____	_____	_____	_____
89.	_____	_____	_____	_____

**Section 3**

Put an X under the number (1, 2, 3 or 4) that describes you best. Use the following rating scale to select your answers.

1= Rare or Never    3= Often  
2= Sometimes      4= Very Often or Always

	1	2	3	4
90.	_____	_____	_____	_____
91.	_____	_____	_____	_____
92.	_____	_____	_____	_____
93.	_____	_____	_____	_____
94.	_____	_____	_____	_____
95.	_____	_____	_____	_____
96.	_____	_____	_____	_____
97.	_____	_____	_____	_____
98.	_____	_____	_____	_____
99.	_____	_____	_____	_____
100.	_____	_____	_____	_____
101.	_____	_____	_____	_____
102.	_____	_____	_____	_____
103.	_____	_____	_____	_____
104.	_____	_____	_____	_____
105.	_____	_____	_____	_____
106.	_____	_____	_____	_____
107.	_____	_____	_____	_____
108.	_____	_____	_____	_____
109.	_____	_____	_____	_____
110.	_____	_____	_____	_____
111.	_____	_____	_____	_____
112.	_____	_____	_____	_____
113.	_____	_____	_____	_____

When finished turn in your questionnaire and answer sheet.

**Thank you for your cooperation.**

## Illinois Driver Risk Inventory-2

Name: Mr. John Smith  
 Age: 35      Sex: Male  
 Date of Birth: 01/12/1979  
 Race: Caucasian  
 Marital Status: Single

CONFIDENTIAL REPORT

Last Four Digits of SSN: 1234  
 Education: H.S. Graduate  
 DRI-2 DATE: 08/26/2016

Driver Risk Inventory-2 (DRI-2) results are confidential and should be considered working hypotheses. No decision should be based solely upon DRI-2 results. The DRI-2 is to be used in conjunction with experienced staff judgment.

### Mandatory Minimum DUI Risk

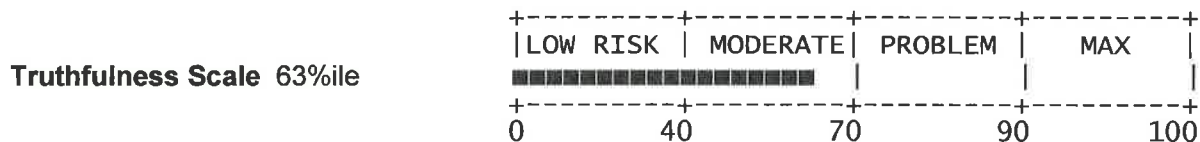
#### Significant (Problem) Risk

Mr. John Smith's Illinois Mandatory Minimum DUI Risk Classification is in the **Significant (Problem) Risk** range, which is characterized by one prior DUI conviction, or a prior court ordered supervision for DUI, or a prior statutory summary suspension, or a prior reckless driving conviction reduced from DUI. Conversely, a BAC of .20 or higher as a result of Mr. Smith's most current DUI arrest, and/or two to three DSM-5 Substance Use Disorder symptoms meet the Significant Risk criterion. In summary, Mr. Smith's Illinois Mandatory Minimum DUI risk range is the Significant (Problem) Risk range.

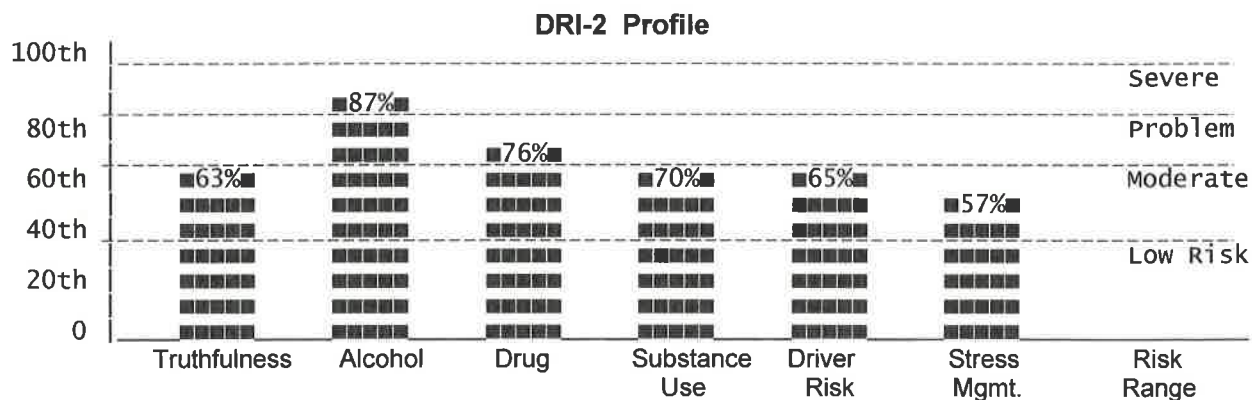
#### Different Measures

Illinois' Mandatory Minimum DUI Risk Classification uses court-related data and DSM-5 Substance Use Disorder criteria to classify DUI risk. While the Substance Use Disorder scale consists of admissions to eleven DSM-5 questions, the Alcohol and Drug Scales focus on client opinions regarding their drinking and drug use. That said, different measures may produce different results. **Illinois mandatory minimums take precedence.**

### Illinois Driver Risk Inventory-2 (DRI-2) Profile



Mr. John Smith's Truthfulness Scale score is in the **moderate risk** (40 to 69<sup>th</sup> percentile) range. This is an accurate Driver Risk Inventory-2 (DRI-2) profile and all DRI-2 scale scores are accurate. Nevertheless, Mr. Smith tends to be cautious when answering DRI-2 questions. This may be situation specific and related to why he is being evaluated. However, there is a fine line between cautiousness and recalcitrance or evasiveness. Consequently, the evidence based DRI-2 Truthfulness Scale score helps answer truthfulness-related questions. That said, Mr. Smith's Truthfulness Scale score is within the acceptable range and all of his DRI-2 scale scores are accurate.







**ADDITIONAL INFORMATION PROVIDED BY CLIENT**

Date of Present DUI Arrest	08/29/2017	Driver's License Suspended/Revoked?	No
Reason for Arrest	Alcohol	Arrest Reduced to Careless/Reckless Driving?	No
Additional DUI Offenses Pending?	No	Lifetime alcohol-related (not DUI) arrests	1
BAC at Time of Current Arrest	.014	Lifetime drug-related (not DUI) arrests	0
Refused Breath/Blood Test in Current DUI?	No	Lifetime At-Fault Motor Vehicle Accidents	0
Lifetime DUI Arrests	2	Lifetime Traffic Violations (Tickets)	3

**Scale Score Paragraphs**

All seven Illinois DRI-2 scale-related paragraphs explain when problems exist and what each attained scale score means. It should be understood that the **Illinois Mandatory Minimum DUI risk range has priority and takes precedence**. Nevertheless, when problems exist, risk-related recommendations are offered.

**Substance Use Disorder: PROBLEM**

In the DSM-5, alcohol and drug use are combined under the caption "Substance Use Disorder." That said, DSM-5 postulates eleven (11) substance use severity criteria. A client's (offender's) substance use severity is then determined by the number of the eleven severity criteria the client admits too. Mr. Smith admits to **four or five** of the eleven severity criteria, which is classified **problem** substance use. The DSM-5 **problem** classification is equivalent to a Driver Risk Inventory-2 (DRI-2) **problem risk** (70 to 89<sup>th</sup> percentile) Alcohol Scale or Drug Scale score. Mr. Smith's DSM-5 Substance Use Disorder score is in the **problem risk** range (four or five admissions).

**Alcohol Scale: PROBLEM****SCORE: 87%**

Mr. John Smith's Alcohol Scale score is in the **problem** (70 to 89<sup>th</sup> percentile) range. An established pattern of alcohol (beer, wine or liquor) abuse is indicated. Recommendations: A minimum level of treatment, consideration should be given to outpatient chemical dependency treatment for people with drinking problems. Participation in self-help or mutual-help (e.g., AA or RR) meetings might augment, but not replace treatment. Without treatment, Mr. Smith's drinking problem will likely worsen. Should Mr. Smith relapse, his optimum level of care would likely increase to "intensive outpatient treatment." Mr. Smith would benefit from help with his drinking problem.

**Drug Scale: PROBLEM****SCORE: 70%**

Mr. John Smith's Drug Scale score is in the **problem** (70 to 89<sup>th</sup> percentile) range. Problem risk scorers have drug (prescription and/or nonprescription) involvement that warrants intervention and/or treatment. Review Mr. Smith's answer to the "recovering" question (#84). If recovering, how long? Recommendations: consider outpatient (individual or group) counseling augmented (not replaced) by Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings. Review other DRI-2 scale scores for co-occurring disorders. Should Mr. Smith relapse, his optimum level of care would likely increase to "intensive outpatient treatment."

**Driver Risk: MODERATE****SCORE: 65%**

Mr. John Smith's Driver Risk Scale score is in the **moderate** risk (40 to 69<sup>th</sup> percentile) range. Some indicators of inattentive driving are present, but an established pattern of irresponsible driving is not present. Mr. Smith may only be a driving risk after using alcohol (beer, wine or liquor) or drugs (prescription and/or nonprescription). Prudent assessors will check out the other Driver Risk Inventory-2 (DRI-2) scales that can directly contribute to Mr. Smith's driving risk, e.g., Truthfulness Scale, Alcohol Scale, Drug Scale, Substance Use Scale and the Stress Management Scale. Any elevated (70<sup>th</sup> percentile and higher) scale scores would contribute to driver risk. On its own merits, Mr. Smith's Driver Risk Scale indicates he is a safe driver.

**Stress Management Scale: MODERATE**

**SCORE: 57%**

Mr. John Smith's Stress Management Scale score is in the **moderate** (40 to 69th percentile) range. Stress management issues are becoming apparent. If left unattended these potential issues or concerns could worsen. Recommendations: a "brief intervention" might be considered. Brief interventions range from 15 to 30 minutes of direct face-to-face staff-client (offender) discussion, they can be a valuable intervention for clients with early stage stress-related problems. There are also many good self-help stress management books that help readers recognize their stress, reframe it and positively manage it. They also discuss stress reduction techniques like relaxing body parts, deep breathing exercises, meditation, etc. Another alternative is enrollment in a stress management class. Stress-related issues are emerging.

**Significant Items.** The following self-report responses represent areas that may help in understanding the respondent's situation and status.

**Alcohol**

- 2. Concerned about my drinking.
- 6. Drinking has caused serious problems.
- 9. Often drinks more than intended.
- 11. Feels guilty about drinking.

**Drug**

- 17. Family member said get help.
- 22. Been treated for drug prblm.
- 31. Had drug abuse problem.

**Substance Use Disorder**

- 65. Almost all activities substance-related.
- 69. Persistent cravings and strong urges.
- 71. Continue using despite knowing causes prblms.
- 77. Cannot reduce or cut down.

**Driver Risk**

- 3. I usually drive fast.
- 7. I am quick tempered.
- 14. Use cell phone while driving.

**Comments/Recommendations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use back of this page, if necessary

\_\_\_\_\_  
**STAFF MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

IL DRI-2 RESPONSES

1 - 50 TFFFTFFFFF FFFFFFFFTF TFFFFTFTF FTFTFTFTFT FTFFTFFFFT

51 - 100 FFFFFFFFFF TFFFFFFTF FTT4444114 444444444 1411414144

101 - 113 1144141141 144

**ADULT SUBSTANCE USE AND DRIVING SURVEY**

**REVISED FOR ILLINOIS**

**ASUDS - RI**

**Survey Booklet**

*Authors:*

*Kenneth W. Wanberg and David S. Timken*

**CARE**

**CENTER FOR ADDICTIONS RESEARCH AND EVALUATION**

*P.O. Box 1975  
Arvada, Colorado 80001-1975*

# Adult Substance Use and Driving Survey (Revised for Illinois) - ASUDS-RI

## Instructions

Answer each question in this booklet as to how you see yourself. Choose the answer that best fits you. Give careful thought to your answers. It is important that you answer each question as accurately as you can.

Please give an answer to every question.

Mark only one answer for each question.

Please read the instructions that are provided for the different parts of this survey. In some parts, you are asked to give answers as to how they apply to your life time and then as to how they apply during the last 12 months that you have been in the community.

Carefully read each question and each possible answer before making your choice.

You are asked to mark your answers on this survey booklet.

If you have any questions, ask the person who is giving you this survey.

Your answers will be treated as confidential according to the laws of your state and the Federal confidentiality laws and within the guidelines of the consent you have provided to your agency for the release of confidential information about you. Before you start to answer the questions, please complete the following information..

Name: <b>TEDDY TROUBLE</b>	Date: <b>10/02/07</b>	Agency: <b>DPC</b>
Date of Birth: <b>12/06/1986</b>	Age: <b>20</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> African American	<input checked="" type="checkbox"/> Anglo-American White
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic American
	<input type="checkbox"/> Native American	
Marital Status:	<input checked="" type="checkbox"/> Never Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Remarried
		<input type="checkbox"/> Widowed

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Center for Addictions Research and Evaluation - CARE

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# ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-RI)

Please circle the letter by the answer to each question that best fits how you see yourself

1. Did you drink\* (alcohol) to have fun or to be happy?  
a. No.  
b. Sometimes.  
 c. Often.  
d. Very often.
2. Did you drink to relax socially?  
a. No.  
b. Sometimes.  
 c. Often.  
d. Very often.
3. Did you take a drink or two to relieve yourself of worries?  
a. Never.  
 b. Sometimes.  
c. Often.  
d. Very often.
4. Have you had a bad headache because of having too much to drink?  
a. No.  
b. One or two times.  
c. Three or four times.  
 d. Five or more times.
5. How many times have you been drunk?  
a. Never.  
b. Once or twice.  
c. Several times.  
 d. Many times.
6. Have you been "half with it" at work or called in sick because you had too much to drink?  
a. No.  
 b. One time.  
c. Two or three times.  
d. Four or more times.
7. Have you ever been unable to think or concentrate clearly after drinking?  
a. No.  
b. One time.  
c. Two or three times.  
 d. Four or more times.
8. Did you drink when feeling down and depressed?  
a. Never.  
 b. Sometimes.  
c. Often.  
d. Very often.
9. Did you ever drive an automobile knowing you had too much to drink?  
a. No.  
b. One time.  
 c. A few times.  
d. Many times.
10. Have you ever passed out as a result of drinking?  
a. No.  
b. Once.  
 c. Two or three times.  
d. Four or five times or more.
11. Have you ever felt down in the dumps after drinking?  
a. No.  
b. One time.  
 c. A couple of times.  
d. Several times.
12. Have you ever been unable to recall what you did when you were drinking?  
a. No.  
b. One time.  
 c. Two times.  
d. Three or more times.
13. Did you drink to relieve stress?  
a. No.  
 b. Sometimes.  
c. Often.  
d. Very often.
14. I exceed the speed limit if road conditions are safe.  
a. Never.  
 b. Seldom.  
c. Often.  
d. Very often.
15. I have found myself driving fast without realizing it.  
a. Never.  
 b. Seldom.  
c. Often.  
d. Very often.
16. When other drivers do stupid things, I lose my temper.  
 a. Never.  
b. Seldom.  
c. Often.  
d. Very often.
17. I drive fast and take my chances of getting caught.  
a. Never.  
 b. Sometimes.  
c. Often.  
d. Very often.
18. High speed driving gives me a sense of power.  
 a. Never.  
b. Very seldom.  
c. Sometimes.  
d. Often.
19. I have taken a risk when driving just because I felt like it.  
 a. Never.  
b. Very seldom.  
c. Sometimes.  
d. Often.
20. I swear out loud or cuss under my breath at other drivers.  
 b. Seldom.  
c. Often.  
d. Very often.
21. I have outrun other drivers.  
 a. Never.  
b. Very seldom.  
c. Sometimes.  
d. Often.
22. I pass other drivers when not in a hurry.  
 b. Seldom.  
c. Often.  
d. Very often.
23. I am a driver who likes to stay ahead of or out in front of traffic.  
 b. Sometimes I do.  
c. Often.  
d. Very often.
24. I have tried to beat a red light.  
a. Never.  
b. Sometimes.  
c. Often.  
 d. Very often.
25. I dodge and weave through traffic.  
 a. Never.  
b. Seldom.  
c. Often.  
d. Very often.

\* Drink (or drinking) refers to the use of alcoholic beverages.

135

2

For the list of drugs below, circle the letter for the answer that best fits you. For alcohol, it is the number of times in your lifetime you have been intoxicated. For all other drugs, it is the number of times in your lifetime that you have used the drug. On the right side of the page opposite the drug, indicate the number of times in the last 12 months in the community, that you have been intoxicated on alcohol or you have used the other drugs. Circle "a" if you did not use alcohol or the other drugs in the past 12 months. Circle "b" if you were intoxicated on alcohol or used the other drugs from one to 10 times, etc.. Then for each drug that you have used in your lifetime, put your age you last used that drug.

	Total Number of Times in Lifetime					Times used in the last 12 months	Age last used
	Never used	One to 10 times	11-25 times	26-50 times	More than 50 times		
26. Number of times intoxicated or drunk on alcohol (beer, wine, hard liquor, mixed drinks).	a	b	c	d	<b>e</b>	a b c d e	<u>20</u>
27. <b>Marijuana</b> (pot, hashish, hash, THC, dope, etc.).	a	b	c	d	<b>e</b>	a b c d e	<u>20</u>
28. <b>Cocaine</b> (coke, snow, crack, rock, blow, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
29. <b>Amphetamines/methamphetamine/stimulants</b> (meth, ice, crystal, speed, uppers, stimulants, diet pills, black beauties, bennies, white crosses, Dexedrine, Desoxyn, and other stimulants used for nonmedical reasons such as Ritalin, Adderall, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
30. <b>Hallucinogens</b> (LSD, acid, peyote, mushrooms, PCP, angel dust, ecstasy, ketamine, etc.).	a	<b>b</b>	c	d	e	a b c d e	<u>18</u>
31. <b>Inhalants</b> (rush, gasoline, paint, glue, nitrous oxide, poppers, snappers, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
32. <b>Heroin</b> (horse, H, smack, junk, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
33. <b>Other opiates</b> or pain killers used for nonmedical reasons (codeine, opium, morphine, Percodan, Dilaudid, Demerol, Methadone, Oxycodone, Oxycontin, Vicodin, Darvon, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
34. <b>Barbituates/sedatives</b> used for nonmedical reasons (Seconal, Nembutal, Amytal, Phenobarbital, Dalmane, quaaludes, placidyl, sleeping medicines, blues, reds, yellows, ludes, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
35. <b>Tranquilizers</b> use for nonmedical reasons (Librium, Valium, Ativan, Xanax, Serax, Miltown, Equanil, Halcion, meprobamates, etc.).	<b>a</b>	b	c	d	e	a b c d e	<u>—</u>
							3 <input type="checkbox"/>
36. As to your use of <b>cigarettes (tobacco).</b>	Never smoked	Do not smoke now	Up to half pack a day	Up to a pack a day	Up to two packs a day	More than two packs a day	
	a	b	c	<b>d</b>	e	f	

Have you used alcohol or other drugs for any of the following reasons? Circle the letter for the answer that best fits you.

	No	Sometimes	Often	Very often
37. To have fun and relax?	a	b	c	<b>d</b>
38. To relieve stress and tension?	a	b	<b>c</b>	d
39. To feel less depressed?	a	<b>b</b>	c	d
40. To be less shy?	a	<b>b</b>	c	d
41. To be able to express myself better?	<b>a</b>	b	c	d
42. To relieve your worries and troubles?	a	<b>b</b>	c	d
43. To forget your problems?	a	<b>b</b>	c	d
44. To calm yourself down?	a	<b>b</b>	c	d

As a result of using alcohol or any of the other drugs on page 4, indicate how often any of the following have happened to you in your lifetime. Then, for each of the following statements, in the column on the right side of the page, indicate how many times it has happened to you in the last 12 months in the community. Circle an "a" if it did not happen to you, circle a "b" if it happened to you 1-3 times, circle a "c" if it happened to you 4-6 times, circle a "d" if it happened to you 7-10 times and circle an "e" if it happened more than 10 times.

	Total Number of Times in Lifetime					Number of times in the last 12 months
	Never	1-3 times	4-6 times	7-10 times	More than 10 times	
45. Had a blackout (forgot what you did but were still awake).	a	b	c	d	e	a b c d e
46. Became physically violent.	a	b	c	d	e	a b c d e
47. Staggered and stumbled around.	a	b	c	d	e	a b c d e
48. Passed out (became unconscious).	a	b	c	d	e	a b c d e
49. Tried to take your own life.	a	b	c	d	e	a b c d e
50. Became physically sick or nauseated.	a	b	c	d	e	a b c d e
51. Saw or heard things not there.	a	b	c	d	e	a b c d e
52. Became mentally confused.	a	b	c	d	e	a b c d e
53. Thought people were out to get you or wanted to cause you harm.	a	b	c	d	e	a b c d e
54. Had physical shakes or tremors.	a	b	c	d	e	a b c d e
55. Had a seizure or a convulsion.	a	b	c	d	e	a b c d e
56. Had rapid or fast heart beat.	a	b	c	d	e	a b c d e
57. Became very anxious, nervous and tense.	a	b	c	d	e	a b c d e
58. Became feverish, hot or sweaty.	a	b	c	d	e	a b c d e
59. Did not eat or sleep.	a	b	c	d	e	a b c d e
60. Were weak, tired and fatigued.	a	b	c	d	e	a b c d e
61. Unable to go to work or school.	a	b	c	d	e	a b c d e
62. Neglected your family.	a	b	c	d	e	a b c d e
63. Broke the law or committed a crime.	a	b	c	d	e	a b c d e
64. Could not pay your bills.	a	b	c	d	e	a b c d e

A  B  C  5  6

For the following questions, please choose the answer that best fits you.

	Hardly at all	Yes sometimes	Yes A lot	Yes, all the time
65. Have you felt down and depressed?	a	b	c	d
66. Have you been nervous and tense?	a	b	c	d
67. Have you been irritated and angry?	a	b	c	d
68. Have your moods been up and down - from very happy to very depressed?	a	b	c	d
69. Do you tend to worry about things?	a	b	c	d
70. Have you felt like not wanting to live or taking your own life?	a	b	c	d
71. Have you had problems sleeping?	a	b	c	d
72. Have you had thoughts that upset or disturb you?	a	b	c	d
73. Have you been discouraged about your future?	a	b	c	d

Please circle the letter for the answer for each question that best fits you.

- 74. Have you ever gotten angry at someone?
- 75. Have you lied about something or not told the truth?
- 76. Do you ever find yourself unhappy?
- 77. Have you felt frustrated about a job?
- 78. Do you hold things in and not tell others what you think or feel?
- 79. Have you been unkind or rude to someone?
- 80. Have you ever cried about someone or something?

No never	Hardly at all	A few times	Yes a lot
a	<b>b</b>	c	d
a	b	<b>c</b>	d
a	<b>b</b>	c	d
a	b	<b>c</b>	d
a	b	<b>c</b>	d
<b>a</b>	b	c	d
a	<b>b</b>	c	d

10

Please circle the letter for the answer for each question that best fits you.

- 81. When I was in my teen years, I got into trouble with the law.
- 82. I was suspended or expelled from school when I was a child or teenager.
- 83. I have been in fights or brawls.
- 84. I have been charged with driving while impaired or under the influence of alcohol or other drugs.

Never	1-2 times	3-4 times	5 or more times
a	<b>b</b>	c	d
<b>a</b>	b	c	d
a	<b>b</b>	c	d
a	<b>b</b>	c	d

- 85. I have had trouble because I don't follow the rules.
- 86. I don't like police officers.
- 87. There are too many laws in society.
- 88. It is all right to break the law if it doesn't hurt anyone.

Not true	Somewhat true	Usually true	Always true
<b>a</b>	b	c	d
a	<b>b</b>	c	d
a	<b>b</b>	c	d
<b>a</b>	b	c	d

Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

- 89. Number of times I have received a ticket for a driving violation (speeding, driving without a license, running a red light, etc.).

During Your Lifetime				During the last 12 months
None	1-2 times	3-4 times	5 or more times	
a	<b>b</b>	c	d	a <b>b</b> c d

- 90. When in the community, I have spent time with people who have been in trouble with the law.
- 91. My friends and/or family get into trouble with the law.
- 92. When I have broken the law, I have been high or under the influence of alcohol or other drugs.
- 93. When I have committed a crime, I knew that I was involved in criminal behavior.

During Your Lifetime				During the last 12 months
No never	Sometimes	A lot	Most of the time	
a	<b>b</b>	c	d	a <b>b</b> c d
a	<b>b</b>	c	d	<b>a</b> b c d
<b>a</b>	b	c	d	<b>a</b> b c d
a	<b>b</b>	c	d	<b>a</b> b c d



Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

- 94. As an adult, I have been in trouble with the law other than while driving a motor vehicle.
- 95. Number of times that I have been arrested and charge with a crime.
- 96. Number of times that I have been convicted of a crime (misdemeanor or felony).
- 97. Number of times my probation or parole has been revoked (circle "a" if never been on parole or probation).
- 98. Number of times I have been arrested for a crime committed against a person (such as robbery, burglary, assault, rape, manslaughter, murder).
- 99. Number of times I have been arrested for a domestic violence related offense.

During Your Lifetime					During the last 12 months
None	1-2 times	3-4 times	5 or more times		
a	b	c	d	a b c d	
a	b	c	d	a b c d	
a	b	c	d	a b c d	
a	b	c	d	a b c d	
a	b	c	d	a b c d	
a	b	c	d	a b c d	

Please answer these questions as to how they apply to you during your lifetime and during the last 12 months. Circle the letter for the answer of your choice.

- 100. Total amount of time I have spent on probation.
- 101. Total amount of time I have spent on parole.
- 102. Total amount of time I have spent in jail or prison.

During Your Lifetime					During the last 12 months
Never	1-6 months	7-12 months	1-3 years	4 or more years	
a	b	c	d	e	a b c
a	b	c	d	e	a b c
a	b	c	d	e	a b c

- 103. I have been violent in my behavior or actions.

During Your Lifetime				During the last 12 months
No Never	Sometimes	Often	Very often	
a	b	c	d	a b c d

Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

- 104. Number of times I have been sentenced for a crime to county jail.
- 105. Number of times I have been sentenced for a crime for which I have been on probation or conditional discharge or conditional supervision.
- 106. Number of times I have been sentenced for a crime to state or federal prison.

Total Number of Times in Lifetime					Number of times in last 12 months
Never	One time	Two times	Three times	4 or more times	
a	b	c	d	e	a b c d e
a	b	c	d	e	a b c d e
a	b	c	d	e	a b c d e

B  E  F

Please answer the following questions as to how you see yourself at this time.

- 107. Have you felt a need to make changes in your use of alcohol or other drugs?
- 108. Do you want to stop using alcohol; or to continue not using alcohol?
- 109. Do you want to stop using other drugs; or continue not using other drugs?
- 110. Have you felt a need to have help with problems having to do with alcohol use?
- 111. Have you felt a need to have help with problems with the use of other drugs?
- 112. Is it important for you to make changes around the use of alcohol or other drugs?
- 113. Would you be willing to come to (or continue in) a program where people get help for alcohol or other drug use problems?

No not at all	Yes maybe	Yes most likely	Yes for sure
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d

11

**ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-RI)**  
 Authors: Kenneth W. Wanberg and David S. Timken

**CLIENT INFORMATION**

<b>Name:</b> Teddy Trouble <b>DOB:</b> 12/06/1986 <b>Age:</b> 20 <b>Gender:</b> Male <b>Ethnicity:</b> Anglo-American White <b>Marital Status:</b> Never married	<b>Assess Date:</b> 04/09/2019 <b>Client ID:</b> 0001 <b>Evaluator:</b> rjk <b>Agency Name:</b> Don't Drive DUI	<b>Arrest BAC:</b> .149 <b>Failed Blood/Urine Test:</b> No <b>Prior DWI/DUI Convictions:</b> 0 <b>Prior DWI/DUI Education Hrs:</b> 0 <b>No. AOD OP Treatment Sessions:</b> 8 <b>No. AOD Inpatient Days:</b> 0
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**DRUG AND ALCOHOL USE HISTORY**

Drug Category	Times in lifetime	Times last 12 months	Age Last Use	Drug Category	Times in lifetime	Times last 12 months	Age Last Use
Alcohol Drunk	More than 50 times	11-25 times	20	Heroin	Never Used	Never Used	N/A
Marijuana	More than 50 times	26-50 times	20	Other Opiate	Never Used	Never Used	N/A
Cocaine	Never Used	Never Used	N/A	Sedatives	Never Used	Never Used	N/A
Amphetamines	Never Used	Never Used	N/A	Tranquilizers	Never Used	Never Used	N/A
Hallucinogens	One to 10 times	Never Used	18	Cigarettes	Up to a pack a day		
Inhalants	Never Used	Never Used	N/A				

**CRITICAL ITEMS**

<ul style="list-style-type: none"> <li>• Drove a few times when had too much to drink</li> <li>• Passed out often when drinking</li> <li>• Not recall what did when drinking twice</li> <li>• Blackouts 1-3 times</li> <li>• Physically violent 4-6 times</li> <li>• Passed out 1-3 times</li> <li>• Committed a crime 4-6 times</li> <li>• Charged with impaired driving 1-2 times</li> <li>• Arrested and charged with crime 1-2 times</li> <li>• Convicted of a crime 1-2 times</li> <li>• Violent behavior sometimes</li> <li>• Have problems sleeping a lot of the time</li> <li>• For sure, want to make changes in use of alcohol or other drugs</li> <li>• Most likely want to stop using or continue not to use alcohol</li> </ul>
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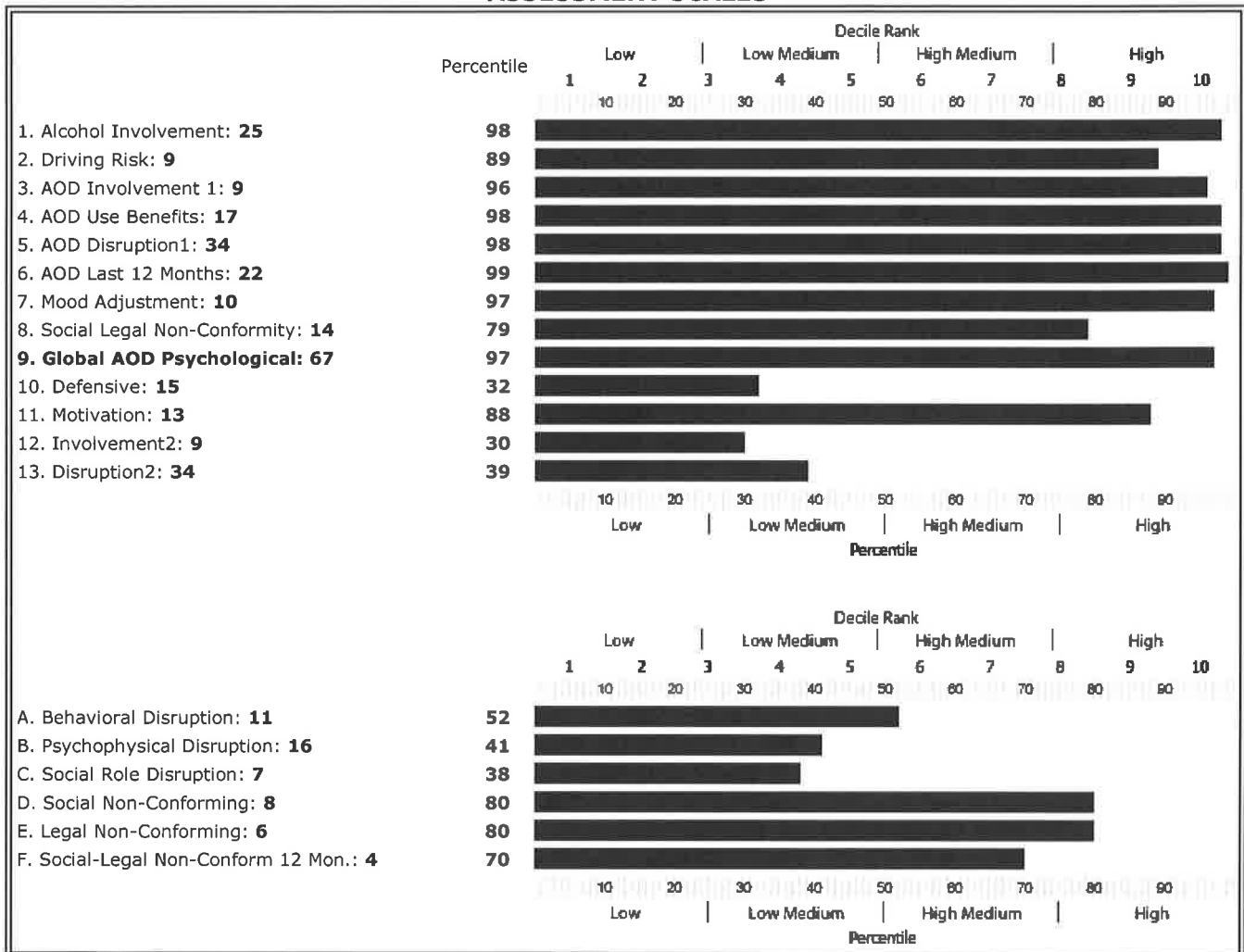
**SUGGESTED SERVICE LEVEL BENEFITS OR GUIDELINES**

Level	Suggested Service Level Benefit	Weighted
4	Client could benefit from a basic alcohol-drug / DUI risk education program plus an extended-enhanced alcohol/drug treatment program followed with an aftercare plan.	13

## ASSESSMENT SUMMARY

- Fairly open around driving risk behavior; may benefit from driving risk education
- High level of past alcohol involvement with very strong indication of a past disruptive pattern of alcohol problems.
- Low-moderate defensiveness quite open to self-disclosure.
- Moderate to high levels of mood and psychological distress. Consider mental health assessment if collateral information supports this.
- Moderate to high past AOD involvement based on drugs (drugs include alcohol) listed in the survey.
- Reports very significant AOD involvement in last 12 months.
- Past AOD negative outcomes or consequences to indicate past moderate disruptive effects and problems with possible Substance Abuse Disorder.
- Indicates low to moderate history of social-legal non-conforming.
- Indicates moderate to high motivation and desire for change and reluctant to get help for AOD problems.
- Overall history of psychosocial and AOD problems and disruption is very high.

## ASSESSMENT SCALES



\*AOD = alcohol or other drugs

Information in the ASUDS-RI summary is based on the client's self-report. It is dependent on his or her ability to validly respond to the questions. It represents the individual's perception of self regarding alcohol and other drug use, driving attitudes and behaviors, concerns about self, relationship with the community, legal history, and willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources when making referral, education or treatment recommendations. No one piece of information from this or any other source should be used solely to make such decisions. When possible, it is helpful to engage the client in a partnership when making referral and treatment recommendations and decisions. The final referral and treatment recommendations are always made by the evaluator.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Answer Sheet

Questions are based on user entry; 1 = A, 2 = B, 3 = C, 4 = D, 5 = E, 6 = F

1. 3 | 2. 3 | 3. 2 | 4. 4 | 5. 4 | 6. 2 | 7. 4 | 8. 2 | 9. 3 | 10. 3 | 11. 3 | 12. 3 | 13. 2 | 14. 2 | 15. 2 | 16. 1 | 17. 2 | 18.  
1 | 19. 1 | 20. 2 | 21. 1 | 22. 2 | 23. 2 | 24. 4 | 25. 1 | 26. 5 | 26a. 3 | 26b. 20 | 27. 5 | 27a. 4 | 27b. 20 | 28. 1 | 28a.  
1 | 28b. N/A | 29. 1 | 29a. 1 | 29b. N/A | 30. 2 | 30a. 1 | 30b. 18 | 31. 1 | 31a. 1 | 31b. N/A | 32. 1 | 32a. 1 | 32b.  
N/A | 33. 1 | 33a. 1 | 33b. N/A | 34. 1 | 34a. 1 | 34b. N/A | 35. 1 | 35a. 1 | 35b. N/A | 36. 4 | 37. 4 | 38. 3 | 39. 2 | 40.  
2 | 41. 1 | 42. 2 | 43. 2 | 44. 2 | 45. 2 | 45a. 1 | 46. 3 | 46a. 1 | 47. 4 | 47a. 2 | 48. 2 | 48a. 1 | 49. 1 | 49a. 1 | 50.  
5 | 50a. 3 | 51. 1 | 51a. 1 | 52. 1 | 52a. 1 | 53. 1 | 53a. 1 | 54. 1 | 54a. 1 | 55. 1 | 55a. 1 | 56. 1 | 56a. 1 | 57. 5 | 57a.  
3 | 58. 5 | 58a. 4 | 59. 5 | 59a. 3 | 60. 5 | 60a. 5 | 61. 2 | 61a. 1 | 62. 5 | 62a. 3 | 63. 3 | 63a. 2 | 64. 1 | 64a. 1 | 65.  
2 | 66. 2 | 67. 2 | 68. 1 | 69. 4 | 70. 1 | 71. 3 | 72. 2 | 73. 2 | 74. 2 | 75. 3 | 76. 2 | 77. 3 | 78. 3 | 79. 1 | 80. 2 | 81.  
2 | 82. 1 | 83. 2 | 84. 2 | 85. 1 | 86. 2 | 87. 2 | 88. 1 | 89. 2 | 89a. 2 | 90. 2 | 90a. 2 | 91. 2 | 91a. 1 | 92. 1 | 92a.  
1 | 93. 2 | 93a. 1 | 94. 1 | 94a. 1 | 95. 2 | 95a. 2 | 96. 2 | 96a. 2 | 97. 1 | 97a. 1 | 98. 1 | 98a. 1 | 99. 1 | 99a. 1 | 100.  
1 | 100a. 1 | 101. 1 | 101a. 1 | 102. 1 | 102a. 1 | 103. 2 | 103a. 1 | 104. 1 | 104a. 1 | 105. 3 | 105a. 1 | 106. 1 | 106a.  
1 | 107. 4 | 108. 3 | 109. 2 | 110. 2 | 111. 4 | 112. 3 | 113. 2 |

## **CASE STUDY**

### **CLIENT: TEDDY TROUBLE**

#### **Police:**

Teddy was arrested on charges of DUI with a BAC of .149. The officer reported he had poor balance, red, watery, bloodshot eyes, a strong smell of alcohol and admitted to drinking. He also had an open container of alcohol in the vehicle and was in possession of cannabis.

#### **Demographics:**

Teddy Trouble is a 20-year-old, 165 lb. Caucasian male. He completed high school and is currently taking college courses. He is single, no children, and he resides with his mother.

Teddy reports that on the night of his arrest he had 4, 16-oz. beers and 2-3 shots of rum. He admits using marijuana, alcohol and nicotine regularly. He says that all his friends use cannabis and it has become a habit. He has also used acid a few times.

In the past 12 months he would drink alcohol every other weekend and smoke marijuana daily.

He says he hasn't used cannabis since the arrest but has consumed alcohol on two occasions.

#### **Previous Treatment Provider:**

Teddy had two months of weekly 1:1 counseling.

He was referred to a substance abuse counselor for his use of cannabis and attended 4 N.A. meetings.

#### **Family:**

Teddy's mother sees him daily and describes him as very bright, friendly, sensitive and caring. She feels he has an over need to be around his friends. Although she wasn't sure about his use of substances, she expressed concern. She said his affect was "just not right." There is a family history of AOD use.

#### **Secretary of State (Court Purpose Driving Record):**

3 years ago, Teddy had an underage drinking offense that resulted in a Zero Tolerance suspension.