

# OUT-OF-STATE RESIDENT REINSTATEMENT APPLICATION



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

### Mail this form to:

Secretary of State  
Department of Administrative Hearings  
501 S. Second St., Room 293, Howlett Building  
Springfield, IL 62756  
Phone: 217-782-7065  
OOSHEARINGS@ILSOS.GOV  
**ilsos.gov**

**You must meet all of the following criteria before submitting this application. Please comply with all requirements to ensure your file is processed on time.**

- 1) Your period of revocation has ended.
- 2) If your driving privilege is also suspended, the suspension period must have also ended.
- 3) You do not have a lifetime revocation. (Four DUI convictions, with the last DUI arrest occurring on or after Jan. 1, 1999.)
- 4) You must submit evidence of current residency such as an out-of-state ID card, voter registration, income tax return, mortgage contract, and utility or telephone bills, etc. Proof of residency must be dated within 30-60 days of mailing the application.  
**NOTE: Proof of residency must reflect the same address as reported on the affidavit. If you have not completed five years of driving on a BAID multiple offender permit, please also submit government identification of residency from your state of residence.**
- 5) If you changed your name, you must submit a copy of the marriage certificate, divorce decree, or court order reflecting the name change.

### INSTRUCTIONS FOR COMPLETING HEARING APPLICATION

- You must clearly and convincingly demonstrate that you are not a risk to the public's safety and welfare.
- You must answer all questions truthfully and to the best of your knowledge. Be specific when answering questions.
- The application must be typed or printed and easy to read.
- If you have problems reading or following instructions, find someone to assist you in completing the application.
- All applications are handled in the order received.
- Please submit the required documentation in the time allowed to ensure your application is accepted.
- You must send the Out-of-State packet all at once to the address listed above. **DO NOT** send it more than once. Once received, you will be notified within 10 business days. **Email provides the quickest response time.**
- You will be notified by email or mail of the decision at the address reported on the Out-of-State Petitioner's Application. Decisions will not be given over the telephone. If a decision is made to reinstate and/or grant driving relief, an 18-month grace period will be granted from the date of the decision for you to pay any reinstatement fee due and submit a completed affidavit for waiving the Financial Responsibility Insurance (SR-22) requirement.

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All petitioners must submit proof of residency. If proof of residency is not submitted, your application will be withdrawn.

All petitioners must complete Section 1 on page 2. (Must be signed and dated within 90 days of the email or postage date.)

If you previously lived in Illinois and are suspended or revoked for DUI, you must fill out Section 2 on pages 3-5.

If you were required to fill in Section 2, then Section 3 must be filled out by an approved substance evaluator/treatment provider from your state.

Section 3 must be signed and dated within 6 months of the date the applications is sent in.

What are you currently revoked for in Illinois if not for a DUI? Please describe the incident causing the revocation.

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**Section 1: To be filled out by all petitioners**

NAME: \_\_\_\_\_ DL#: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1) Were you an Illinois resident at the time of your alcohol/drug-related arrest(s) or non alcohol/drug-related arrest(s) that resulted in the revocation, suspension, or cancellation of your drivers license? YES  NO

2) Do you intend to establish residency in the State of Illinois? YES  NO

If yes, when are you moving to Illinois? \_\_\_\_\_

3) Are any traffic tickets pending against you in Illinois or any other state? YES  NO

If yes, report what state(s), description of all charge(s), and date(s) occurred: \_\_\_\_\_

\_\_\_\_\_

4) Are you currently suspended or revoked in this or any other state besides Illinois? YES  NO

If so, where and for what? \_\_\_\_\_

5) Were you ever involved in a crash involving death or personal injury? YES  NO

If yes, explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

7) What are your plans to be a safe and responsible driver in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report on a **separate sheet of paper** any other information you feel may be relevant in helping the Secretary of State's office determine whether to reinstate your driving privileges.

**Under penalty of perjury, I certify that the statements set forth in this document are true and correct.**

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

**If you are an out-of-state resident who has never resided in Illinois, Stop here.**

**Section 2: To be filled out by a petitioner only if their driving privileges are revoked or suspended for DUI in this or any other state:**

**If you use a separate sheet of paper for responses, please reference the section and question number.**

1) List all DUI arrests in Illinois or any other state.

State \_\_\_\_\_ Date \_\_\_\_\_ BAC/REF \_\_\_\_\_ DISPOSITION/OUTCOME \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_ BAC/REF \_\_\_\_\_ DISPOSITION/OUTCOME \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_ BAC/REF \_\_\_\_\_ DISPOSITION/OUTCOME \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_ BAC/REF \_\_\_\_\_ DISPOSITION/OUTCOME \_\_\_\_\_

2) Do you have any criminal arrests which do not appear on your driving record that are alcohol/drug related? YES  NO  If yes, please specify type and age:

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3) How much alcohol/drugs did you consume over what period of time on your **last** DUI arrest? List type, amount, and frequency.

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4) What was your drinking and/or drug use pattern in the year before your last DUI arrest? List type, amount, and frequency.

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5) What has been your drinking and/or drug use history since your last DUI arrest? List type, amount, and frequency.

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6) If you are currently abstinent, when was your last use of alcohol/drugs? \_\_\_\_\_

7) Have you ever had a significant period of abstinence and relapsed to abusive drinking? YES  NO

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

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8) List your complete prior drug use by type, frequency, and amount from first use to present.

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- 9) Have you experienced any of the following as a result of your use of alcohol/drugs?
- A. Did you ever set quantity or time limits on your use of alcohol/drugs and then exceed those limits or lose control of your use once you started consuming alcohol/drugs? YES  NO
  - B. Did you ever try to cut back on your drinking because you thought you had a problem (after treatment or self-help involvement), but then returned to abusing alcohol/drugs? YES  NO
  - C. Did you ever spend an excessive amount of time (i.e., binge drinking for more than one day), effort (i.e., stealing or spending living expenses) or recovering from drinking (bad hangover)? YES  NO
  - D. Did you ever crave using a substance to get through the day? YES  NO
  - E. Did hangovers ever impair your work, home, or school performance? YES  NO
  - F. Did anyone ever complain about your use, or did you get into fights when using? YES  NO
  - G. Did you ever miss work, home, or school duties due to your use? YES  NO
  - H. Did you ever drive intoxicated on occasions other than your DUI arrests? YES  NO
  - I. Did you ever use prescription drugs despite warnings not to use them with alcohol/drugs, or did alcohol/drugs worsen your mental or physical problems? YES  NO
  - J. Did it ever take you more (or less) alcohol to achieve intoxication over time? YES  NO
  - K. Did you ever have the shakes, tremors, or mood swings when you stopped drinking? YES  NO
- 10) Do you consider yourself to be chemically dependent? YES  NO   
 If so,  ACTIVE  IN REMISSION  
 If not, do you think you had a previous substance abuse problem? YES  NO
- 11) What was the cause of your dependency or substance abuse problem? \_\_\_\_\_  
 \_\_\_\_\_
- 12) What life changes have you made to resolve your dependency or substance abuse problem?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 13) Do you think you need to remain completely abstinent from alcohol and/or drugs in the future, and if so, why?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 14) If you have completed treatment in the past, list where you completed it, when, how many hours, and type of treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15) Are you currently involved in a support program to maintain abstinence? YES  NO   
 If yes, what type of program? AA  NA  Church  Family/Friends  Other

16) How often do you meet to discuss topics relevant to your abstinence? \_\_\_\_\_

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

If so, what step are you currently on? \_\_\_\_\_

18) Do you have a sponsor? YES  NO  If so, how frequent is contact? \_\_\_\_\_

19) Do you need to remain in the program to maintain abstinence for life? YES  NO

20) How does the support program help you maintain your abstinence? \_\_\_\_\_

21) Have you been denied driving relief at any prior hearing? YES  NO  N/A

If so, please attach a response from your evaluator to every issue raised by the hearing officer at the prior hearing.

**Petitioner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Under the Illinois Compiled Statute, the above applicant must undergo an evaluation to determine whether the applicant's condition(s) affects or impairs their ability to safely operate a vehicle. The Illinois Secretary of State may rely on your opinion regarding this applicant. Since the Illinois Secretary of State uses your evaluation for public safety reasons, you should not base your evaluation or opinion on the applicant's asserted need or desire for license reinstatement. Instead, you should base your decision on the responses to questions in Section 2 of this form and your own investigation into the facts. After your evaluation of the petitioner's substance use history and DSM V symptoms (checked below), it is your opinion that the petitioner should be classified to their proper risk level.

**Section 3: To be filled out by the petitioner's approved evaluator only if the petitioner has completed Section 2 of this form.**

**If you use a separate sheet of paper for responses, please reference the section and question number.**

**Name of approved evaluator:** \_\_\_\_\_

I hereby authorize the approved evaluator to review my responses in this application and release to the Illinois Secretary of State any information that is pertinent to my ability to safely operate a motor vehicle and authorize the Illinois Secretary of State to release to the approved evaluator any actions taken on my Illinois driving record before and after the evaluation.

1) **Did your client ever experience the following?**

A. Alcohol/drugs are taken in larger amounts or over a longer period than intended: YES  NO

B. A persistent desire or unsuccessful efforts to cut down on or control alcohol/drug use: YES  NO

C. A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of alcohol/drug use: YES  NO

D. Craving, or a strong desire or urge to use alcohol/drugs: YES  NO

E. Recurrent alcohol/drug use failing to fulfill major role obligations at work, school or home: YES  NO

F. Continued alcohol/drug use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol/drug use: YES  NO

G. Important social, occupational or recreational activities are given up or reduced because of alcohol/drug use: YES  NO

H. Recurrent alcohol/drug use in situations in which it is physically hazardous: YES  NO

- I. Alcohol/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/drugs: **YES**  **NO**
- J. Tolerance: Either a need for markedly increased amounts of alcohol/drugs to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of alcohol/drugs: **YES**  **NO**
- K. Withdrawal, as manifested by either the characteristic withdrawal syndrome for alcohol or drugs, or alcohol or drugs are taken to relieve or avoid withdrawals: **YES**  **NO**

2) If the symptoms listed above differ from the petitioner's listed in Section 2, question 9, by the petitioner, please explain.

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3) Has the petitioner completed prior treatment to your satisfaction? If so, list the type of treatment when, where, and the reason you find it acceptable:

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Non-problematic Use (Social Use) \_\_\_\_\_

Problematic Use (Substance Abuse) \_\_\_\_\_

Substance Dependence (Addiction) \_\_\_\_\_

4) I have interviewed three members of the petitioner's support program and three other close associates to confirm that the petitioner is currently involved in a support program and abstinent, as reported in the Section 2. **YES**  **NO**

5) For all three classifications:

A. It is my opinion that the cause(s) of the petitioner's DUI arrest(s) has/have been adequately addressed and the petitioner is low risk for recidivism. **YES**  **NO**

If not low risk for recidivism, please indicate what further intervention is necessary for remission:

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B. Has the petitioner received any violations of the BAIID device that the BAIID division did not accept?

**YES**  **NO**  **N/A**

If so, please list the dates and times below and then attach a letter on your letterhead explaining whether or not they affect your diagnosis, prognosis, or need for further treatment.

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6) When this evaluation was conducted, did you review Sections 1 and 2 before completing the evaluation? **YES**  **NO**

**Evaluator's** name, address, license number, and signature verifying accuracy:

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Petitioner's signature: \_\_\_\_\_

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

Beginning date of evaluation: \_\_\_\_\_

Ending date of evaluation: \_\_\_\_\_

**Please include a copy of your state professional license.**