

VERIFICATION OF HEARING DOCUMENTS



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

Additional forms may be obtained at
ilsos.gov

A DUI service provider should use this form to verify that a document(s) is a true and correct copy (identical reproduction) of the original, or to provide reasons why it is unable to provide the original of a document(s).

Client/Petitioner's Name

Illinois Driver's License Number

1. The following document(s) is a true and correct/identical copy of the original(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

Date of Document

- | | |
|---|-------|
| <input type="checkbox"/> Alcohol/Drug Evaluation Uniform Report | _____ |
| <input type="checkbox"/> Addendum to Uniform Report | _____ |
| <input type="checkbox"/> DUI Risk Education Certificate of Completion | _____ |
| <input type="checkbox"/> Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan | _____ |
| <input type="checkbox"/> Secretary of State Treatment Verification Form | _____ |
| <input type="checkbox"/> Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s) | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

2. The original of the following document(s) is no longer available for the following reason(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

Date of Document

- | | |
|---|-------|
| <input type="checkbox"/> Alcohol/Drug Evaluation Uniform Report | _____ |
| <input type="checkbox"/> Addendum to Uniform Report | _____ |
| <input type="checkbox"/> DUI Risk Education Certificate of Completion | _____ |
| <input type="checkbox"/> Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan | _____ |
| <input type="checkbox"/> Secretary of State Treatment Verification Form | _____ |
| <input type="checkbox"/> Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s) | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Check Appropriate Reason:

- The document has been destroyed.
- The client informs this agency that he/she lost the original document.
- The agency that composed the document is no longer in operation and did not transfer its records to this agency when it ceased operation.
- Other (explain): _____

Service Provider's Name and Title (type or print)

Date

Service Provider's Signature

Accreditation/License Number