

REQUEST FOR COPIES OF DOCUMENTS FROM THE DEPARTMENT OF ADMINISTRATIVE HEARING FILES ONLY



Office of the Secretary of State DEPARTMENT OF ADMINISTRATIVE HEARINGS

Mail this form to:

Secretary of State,
Department of Administrative Hearings
Support Services Section
501 South 2nd Street, Room 212, Howlett Building
Springfield, IL 62756

Phone #: 1-217-782-7065 Fax #: 1-217-524-1561

www.cvberdrivellinois.com

There is a fee of \$.50 per page for copies of documents from our files (check or money order only, made payable to the Secretary of State). **Any request for copy work received on or after September 4, 2008, will be processed by the estimation chart listed below. Please use the chart below to estimate the amount owed to submit with your request. If you submit your request without the estimated fee, you, the requestor will be contacted by mail or email (when provided) as to the estimated cost for requested documents. The documents will not be copied until the estimated fee is received. If Additional money is needed after the paperwork is copied you will be notified of that amount either by mail or email. Once the additional amount is received, the documents will be mailed to the address below. You will be allowed 20 days to submit the additional amount Failure to submit the additional amount will result in you receiving the number of pages originally paid for based on the estimation.**

Please Note:

- This form is not to be used to request copies of tickets, sworn reports, Notice of Suspensions or Revocation and other driving record related items, as such documents are to be requested directly from the Department of Driver Services, Abstract Unit, 2701 South Dirksen Parkway, Springfield, IL 62723.
- Attention Attorney: We require consent from the petitioner, authorizing the disclosure of information under the Alcohol/Drug Confidentiality Act, before any alcohol/drug related documents will be released to any person other than the petitioner.

Driver's License Number: _____

I hereby request copies of the following documents from the Secretary of State, Department of Administrative Hearings file(s).

Attorney name and mailing address: _____

Attorney email address: _____

Petitioner Name: _____ Email address: _____

Address: _____ Apt # _____

City, State: _____ Zip: _____

Please provide your current mailing address. Your address will be changed based on the information provided above.

Please circle what is being requested and dates of documents &/or decisions. Use reverse side if needed.

Estimation Chart:

Formal decision order = 8 pages

Informal decision letter = 2 pages

Uniform Report Evaluation = 7 pages

Update Evaluations = 6 pages

Investigative Evaluations = 8 pages

Non DUI Evaluation = 8 pages

Treatment Documentation - 8 pages

Treatment Waiver = 3 pages

Remedial Education = 2 pages

Informal Hearing Officer comment sheets = 8 pages

Out of State hearing application = 22 pages (this includes the entire packet with alcohol docs)

Abstinent and Support Letters = 6 pages