

# VERIFICATION OF HEARING DOCUMENTS



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

Additional forms may be obtained at  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

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**

- Alcohol/Drug Evaluation Uniform Report
- Addendum to Uniform Report
- DUI Risk Education Certificate of Completion
- Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
- Secretary of State Treatment Verification Form
- Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
- 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**

- Alcohol/Drug Evaluation Uniform Report
- Addendum to Uniform Report
- DUI Risk Education Certificate of Completion
- Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
- Secretary of State Treatment Verification Form
- Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
- 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