

DOCUMENTATION OF NON-TRADITIONAL SUPPORT/RECOVERY PROGRAM COVER LETTER



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
www.cyberdriveillinois.com

If your support/recovery program does not involve a structured, organized and recognized program, such as Alcoholics Anonymous or Narcotics Anonymous, you must document the program by submitting an original, personally prepared letter, signed and dated by you, which includes the following information. This form may be completed and submitted in lieu of the letter. Letters/forms must be signed and dated within 45 days if appearing in person for a hearing. If being submitted as part of a Non-Resident Out-of-State Hearing Application, the letters/forms must be signed and dated within 45 days of the postmark date. If additional space is needed, please use the back of this form.

Petitioner's Name (type or print)

Illinois Driver's License Number

1. Describe the type of program you are involved in that helps you remain abstinent from using alcohol/drugs:

2. List the names of those who are involved in the program and their relationship to you (family members, friends, church members, co-workers, etc.):

3. Explain specifically what these support members do to help you remain abstinent from alcohol/drugs:

4. Explain how the program works and keeps you abstinent from alcohol/drugs:

Signature

Date

Address/City/State/ZIP