



## SUBSTANCE ABUSE EVALUATION FORM AND INSTRUCTIONS

### **How to prepare for a substance abuse-related reexamination before Driver Assessment (DA):**

If your driving record shows substance abuse indicators\*, you need to have the attached substance abuse evaluation form completed and bring it with you to your upcoming Driver Assessment reexamination. Your substance abuse history will be analyzed, along with your driving record, to determine the appropriate licensing sanction or, in the case of a Driver License Review reexamination, if the license should be returned.

\*OUIL, UBAC, OUID, OWI, OUIL/OWI causing Death or Injury, Child Endangerment, Implied Consent Suspension, X3 Accident, 625g Permit

### **How to prepare for an habitual substance abuse offender or related appeal before the Driver License Appeal Division (DLAD):**

If your license has been revoked/denied for multiple substance abuse convictions or for negligent homicide, murder, or manslaughter involving the use of a motor vehicle, and alcohol or controlled substances were involved, and the minimum one-year or five-year revocation period is over, you are eligible to request a hearing to consider whether your driving privilege should be reinstated. At the hearing, you must prove that you do not have a substance abuse problem or you must prove, in accordance with R 257.301-316 that any past substance abuse problem is under control and is likely to remain under control.

You may be represented by legal counsel if you wish. Please advise the Department of your attorney's name, address and telephone number. A recorded message regarding the appeal/reinstatement process in DLAD is available by calling (517) 373-3827.

At the hearing, you will need to present the following:

## **SUBSTANCE ABUSE EVALUATION**

You must obtain and submit a completed substance abuse evaluation using the attached form. If you do not already have a substance abuse counselor you may contact an office listed on page 3 for the name of an agency that performs substance abuse evaluations. The substance abuse counselor will prepare the evaluation and provide you with the completed form for your appeal hearing. Your substance abuse evaluation should be current.








If you are appealing to the Driver License Appeal Division, please send the completed evaluation form to DLAD at the address below. If you have not already requested a hearing, please submit a request with your evaluation.

**Driver License Appeal Division  
Michigan Department of State  
P. O. Box 30196  
Lansing, Michigan 48909-7696**

Effective October 1, 1999, MCL 257.322(6) requires the installation of an ignition interlock device for initial issuance of restricted privileges. If you were issued restrictions which included an Ignition Interlock requirement, DLAD Administrative Rule 13a requires you to submit the ignition interlock FINAL REPORT at this hearing.

# ADDITIONAL DOCUMENTATION OF PETITIONER'S PAST AND CURRENT SUBSTANCE ABUSE HISTORY

You must obtain documentation of your drinking and drug use habits in the form of letters from people in your community who have frequent contact with you and may know something about your drinking habits and/or use of controlled substances. This would include immediate family members, other relatives, employers, friends, pastors, local police, a recognized support group such as 12 step meetings or Rational Recovery, neighbors or others with whom you associate. It is required you submit at least 3 letters but not more than six. These letters should be **signed and dated and include the complete mailing address and daytime telephone number** and contain **at least** the following information about you. Please do not use form letters.

-  What their relationship is to you.
-  How long they have known you.
-  How often they see you.
-  Have them describe their knowledge of your past and current use of alcohol and/or drugs including frequency of use, amount used, beverage and/or drug of choice, etc.
-  When the last time was they saw or had knowledge that you had used any alcohol and/or drugs.
-  What their knowledge is of your past and current involvement in treatment and/or a support group.
-  Have them include other information they believe is important.

**NOTE:** PLEASE KEEP COPIES OF YOUR LETTERS DOCUMENTING YOUR SUBSTANCE ABUSE HISTORY AND EVALUATION AND SUBMIT THE ORIGINALS. COPIES WILL **NOT** BE MADE FOR YOU AT THE HEARING OR REEXAMINATION.

SUBMITTING THE REQUESTED DOCUMENTS DOES NOT NECESSARILY ENSURE RELICENSURE, HOWEVER, THIS INFORMATION WILL ASSIST THE HEARING OFFICER IN MAKING A DECISION.



.....  
**Michigan Department of State  
Request for Hearing**

**FULL NAME**

(As on license, please print) \_\_\_\_\_

**Present Address** \_\_\_\_\_

**City of Residence** \_\_\_\_\_

**County** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**License Number** \_\_\_\_\_

**Telephone (8 am to 5 pm)** \_\_\_\_\_

**I request A - Driver License Appeal Hearing**

If you are appealing a denial/revocation as a result of multiple substance abuse convictions, it is necessary to submit some documentation of your substance abuse history along with this request. Documentation may include, 12 step meeting attendance sheets, community support letters, substance abuse evaluation, etc. Call (517) 373-3827 for more information. (Keep copies for the hearing)

Visit our Web site at [www.Michigan.gov/sos](http://www.Michigan.gov/sos).

# Access, Assessment and Referral Services in Michigan

Detroit Department of Health  
(SERVING: CITY OF DETROIT)  
Central Diagnostic & Referral Service  
1151 Taylor, Building 1, Detroit 48202  
(313) 876-4070

Genesee County Health Department  
(SERVING: GENESEE COUNTY)  
Intake, Assessment and Referral Center, Inc.  
1047 Professional Dr., Flint 48532  
(810) 235-9555

Kalamazoo County Human Services Department  
(SERVING: BARRY, BRANCH, KALAMAZOO, ST. JOSEPH  
COUNTIES)  
Community Assessment & Screening Service  
629 Pioneer, Kalamazoo 49008  
(616) 381-2359 or 1-800-381-2359

Kent County Community Mental Health  
(SERVING: MONTCALM, IONIA, NEWAYGO, KENT COUNTIES)  
Assessment Unit Cornerstone Offices  
833 Lake Drive, S.E., Grand Rapids 49506  
(616) 336-3909 or 1-800-749-7720

Lakeshore Coordinating Council  
(SERVING: ALLEGAN, BERRIEN, CASS, MUSKEGON, OTTAWA,  
VAN BUREN COUNTIES)  
Shoreline Consultation Services  
750 W. Sherman, Ste. 305, Muskegon 49441  
(231) 733-5334 or 1-800-981-2481  
-or-  
185 E. Main St., Ste. 501, Benton Harbor 49022  
(616) 926-8389 or 1-800-926-8389

Macomb County Community Mental Health Services  
(SERVING: MACOMB COUNTY)  
Community Assessment Referral and Education  
42621 Garfield, Ste. 101, Clinton Twp. 48038  
(810) 412-0033

Mid-South Substance Abuse Commission  
(SERVING: CALHOUN, CLINTON, EATON, GRATIOT,  
HILLSDALE, INGHAM, JACKSON, LENAWE, SHIAWASSEE  
COUNTIES)  
Central Diagnostic & Referral Service, Inc.  
2875 Northwind Dr., Ste. 237, E. Lansing 48823  
(517) 337-7209 or 1-800-342-0349  
-or-  
140 W. Michigan Ave., Battle Creek 49017  
(616) 965-1266 or 1-800-342-0349  
-or-  
1198 N. West Avenue, Jackson 49202  
(517) 783-4239 or 1-800-342-0349

Northern Michigan Substance Abuse Services, Inc.  
(SERVING: ALCONA, ALPENA, ANTRIM, ARENAC, BENZIE,  
CHARLEVOIX, CHEBOYGAN, CLARE, CRAWFORD, EMMET,  
GLADWIN, GRAND TRAVERSE, IOSCO, ISABELLA, KALKASKA,  
LAKE, LEELANAU, MANISTEE, MASON, MECOSTA, MIDLAND,  
MISSAUKEE, MONTMORENCY, OCEANA, OGEMAW, OSCEOLA,  
OSCODA, OTSEGO, PRESQUE ISLE, ROSCOMMON, WEXFORD  
COUNTIES)

Central Diagnostic & Referral Service, Inc.  
P.O. Box 3010, Gaylord 49734  
(517) 732-0864 or 1-800-686-0749

Oakland County Health Division – Office of Substance Abuse  
(SERVES OAKLAND COUNTY)  
PACE Unit  
250 Elizabeth Lake Rd., Ste. 1570, Pontiac 48341  
(248) 858-5200 or 1-888-350-0900, Ext. 85200

Pathways Coordinating Agency  
(SERVES ALGER, CHIPPEWA, DELTA, LUCE, MACKINAC,  
MARQUETTE, MENOMINEE, SCHOOLCRAFT COUNTIES)  
Pathways Substance Abuse CDR Access Center  
200 W. Spring St., Marquette 49855  
(906) 228-3468 or 1-800-305-6564

Saginaw County Health Department  
(SERVES BAY, SAGINAW COUNTIES)  
Bay Area Substance Abuse Assessment & Referral Agency  
1600 N. Michigan Ave., Ste. 503, Saginaw 48602  
(517) 758-3781 or 1-888-466-3141

St. Clair County Health Department  
(SERVES HURON, LAPEER, SANILAC, ST. CLAIR, TUSCOLA  
COUNTIES)  
Thumb Region Central Diagnostic & Referral Services  
1142 S. Van Dyke, Bad Axe 48413  
1-800-237-0870

Southeast Michigan Community Alliance  
(SERVES MONROE & WAYNE COUNTIES EXCLUDING CITY OF  
DETROIT)  
Downriver Community Conference – Central Diagnostic & Referral Unit  
15100 Northline Rd., Southgate 48195  
(734) 283-9444 or 1-800-686-6543  
-or-  
CompCare  
1750 S. Telegraph Rd., Ste. 106, Bloomfield Hills 48302  
(248) 332-8718 or 1-800-688-6885

Washtenaw-Livingston Substance Abuse Coordinating Agency  
(SERVES LIVINGSTON, WASHTENAW COUNTIES)  
Health Services Access  
555 Towner, Ypsilanti 48197  
(734) 481-2502 or 1-800-440-7548

Western U.P. Substance Abuse Services Coordinating Agency  
(SERVES BARAGA, DICKINSON, GOGEBIC, HOUGHTON, IRON,  
KEWEENAW, ONTONAGON COUNTIES)  
Coordinating Agency Assessment Services  
903 W. Memorial Drive, Houghton 49931  
(906) 482-7473 or 1-888-482-4097  
-or-  
818 Pyle Drive, Kingsford 49802  
(906) 779-1999 or 1-888-779-0095  
-or-  
103 W. U.S. 2, Wakefield 49968  
(906) 229-6144



**INSTRUCTIONS TO THE PERSON EVALUATING THIS CLIENT  
FOR SUBSTANCE ABUSE**

1. This client has or may have his/her driving privilege revoked or suspended for substance abuse convictions. The Department of State needs information to determine this client's current alcohol and/or drug use and prognosis of sobriety/drug-free living in the future to make a licensing determination. Please conduct an evaluation and complete the attached Substance Abuse Evaluation Form.
2. This client is responsible for paying for the evaluation. Please inform the client of his/her charge prior to proceeding.
3. Have the client sign the Authorization and Release section of this form.
4. Provide/mail the Substance Abuse Evaluation to the client. It is his/her responsibility to ensure that the Department receives the completed form.
5. If the client must be seen more than once before this form can be completed, you may wish to advise the client to request an adjournment of a DLAD hearing if already scheduled.
6. You may attach additional information if you wish.
7. If you have any questions about this form, you may contact the Driver Assessment at (517) 322-1571 or the Driver License Appeal Division at (517) 373-1681.

**SUBSTANCE ABUSE EVALUATION  
for submission to  
MICHIGAN DEPARTMENT OF STATE**

Client Name:	Driver License Number:	Date of Birth:
Client Mailing Address:	City:	State and Zip Code:
		Telephone No:

**Master Driving Record**

Ask the client to disclose their complete lifetime history of OUIL/OUID/UBAC/OWI/Drug Convictions on his/her driving record. (It is not necessary that a driving record be obtained)

Conviction Dates	Blood Alcohol Level or Drug Type, if known, at the time of arrest	Comments

**Recommended Testing Instrument(s)** (Indicate scores)

SALCE-ADE		SASSI	
ASI		MAST/DAST	
AUI		DRI	
Other (specify instrument & scores):			

**Client Substance Abuse Treatment History** (Specify dates, program, city and outcome of treatment) [Attach treatment plan and discharge report]

Residential/Inpatient:
Detoxification:
Intensive Outpatient:
Outpatient/Counseling: Education: Driver safety intervention course:
Please submit urinalysis drug screen report if administered as part of the substance abuse evaluation.

**Client Support Group History** (Specify time period and frequency)

Time Period	Frequency	Type	Sponsor Y/N

**Diagnostic Impression (DSM-IV)** (Indicate clinical condition or problem and number of prior contacts and give facts supporting this diagnosis, including facts supporting a conclusion that the condition or problem is in remission.)


(Over)

**Client Prognosis** (Probability for abstinence or disuse and reasons for this opinion and last date of use for alcohol and illicit drugs)


**Treatment Recommendation(s)** (Including aftercare, outpatient counseling, educational courses, support groups - state reasons)


**Relapse History** (Lifetime history of relapses and periods of non-use)


**Analysis & Other Observations/Factors** (Please complete and list any collateral sources contacted to verify the driver's substance abuse habits.)


**AUTHORIZATION AND RELEASE**

I authorize the Evaluator named below to furnish the information set forth on this form and to discuss the information contained therein with the Michigan Department of State. **Give this form to client or mail or fax to the Michigan Department of State, Driver License Appeal Division.**

Client's Name (Printed or Typed)                      Signature:                      Date:

**CERTIFICATION OF EVALUATOR**

In signing below I certify that all statements contained in this evaluation are true to the best of my knowledge and belief.

Name (Printed or Typed):	Title:	Date:	
Signature:		Telephone Number:	
Program Name:		Program License Number:	
Address:	City:	State:	Zip Code: