



# CENTRAL STATES INSTITUTE OF ADDICTION ALCOHOL AND DRUG ASSESSMENT SERVICES

## DUI Evaluation Appointments

**DUI evaluations may be scheduled at one of our six locations by calling our scheduling center at 312-948-6001.**

<p><b>Please have the following information in order to schedule an appointment:</b></p> <ul style="list-style-type: none"> <li>▪ Full Name</li> <li>▪ Address</li> <li>▪ Day &amp; Evening Phone Numbers</li> <li>▪ Date of Birth</li> <li>▪ Social Security Number</li> <li>▪ Ethnicity</li> <li>▪ Illinois Driver's License Number</li> <li>▪ DUI Ticket Number</li> <li>▪ Court Location/Room #</li> <li>▪ Return to Court Date</li> </ul>	<p><b>Please bring the following items on the day of your appointment:</b></p> <ul style="list-style-type: none"> <li>▪ <b>TICKETS</b> – from day of arrest;</li> <li>▪ <b>LAW ENFORCEMENT SWORN REPORT</b> – This indicates breathalyzer score or refusal to submit to chemical/breathalyzer testing;</li> <li>▪ <b>TOXICOLOGY RESULTS</b> – If blood or urine toxicology testing was performed at a hospital or facility on day of arrest documentation of these results must be provided.</li> <li>▪ <b>COURT PURPOSE DRIVING ABSTRACT (RECORD CANNOT BE MORE THAN 30 DAYS OLD)</b> – Obtain this record at a Secretary of State office with a valid picture I.D. and current fee as set by SOS;</li> <li>▪ <b>OUT OF STATE DRIVING RECORDS</b> – If you have resided or have been licensed to drive in another state, a driving record is required from that state(s);</li> <li>▪ <b>MEDICATIONS</b> – Bring any medications you are currently taking or were taking on the night of the arrest;</li> <li>▪ <b>PICTURE I.D.</b> – Driver's License, State I.D., passport, school I.D., or employee I.D.;</li> <li>▪ <b>\$225 FEE DUE ON DATE OF EVALUATION</b> – money order, cashier's check, VISA or MasterCard. Reduced fee provided to qualified indigents that produce proof of income and social security number;</li> <li>▪ <b>PRIOR TREATMENT DOCUMENTATION</b> – Substance abuse or mental health treatment documentation including assessments, discharge summaries, and diagnosis.</li> </ul>
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**\*\*\*If you are under the age of 18, your parent or legal guardian must accompany you.\*\*\***

Please indicate in this section the date and time of your scheduled appointment.

DATE: \_\_\_\_\_ APPOINTMENT \_\_\_\_\_

TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

APPOINTMENT # \_\_\_\_\_

**A \$50.00 FEE IS CHARGED FOR  
FAILING TO SHOW FOR THE  
APPOINTMENT OR CANCELING IN  
LESS THAN 2 BUSINESS DAYS.**