



**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.

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

*****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 LOCATION: _____

TIME: _____

APPOINTMENT # _____

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