

# Documentation Required to Obtain a DUI Evaluation

## IL Driver's Abstract for Court Purposes


Go to any IL Secretary of State Driver's License Facility (find your nearest location by clicking here: <https://www.ilsos.gov/facilityfinder/facility>)

~~~~~OR~~~~~

Request via mail (see instructions below)

- Access the request form by visiting this link: [https://www.ilsos.gov/publications/pdf\\_publications/dsd\\_dc164.pdf](https://www.ilsos.gov/publications/pdf_publications/dsd_dc164.pdf)
- Complete the required information and have the form notarized (visit your local library for notary services)
- Mailing the form with required fee to:

Illinois Office of the Secretary of State  
Driver Analysis Section  
2701 S. Dirksen Pkwy.  
Springfield, IL 62723

 **OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT**

**Reset**

DRIVERS ANALYSIS  
2701 S. DIRKSEN PKWY.  
SPRINGFIELD, IL 62723  
217-782-2720  
www.cyberdriveillinois.com

**Driving Record Abstract Request Form**

If you are purchasing your own certified driving record, you may do so by using the online Driving Record Abstract system at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com).  
All requestors must complete Sections I, II, IV and V.

**SECTION I**  
Enter the driver's license number and/or the name and date of birth of the driver(s) whose record(s) is being requested in the spaces below. PLEASE PRINT LEGIBLY.

| DRIVER'S LICENSE NUMBER | NAME (Last, First, Middle) | DATE OF BIRTH | GENDER |
|-------------------------|----------------------------|---------------|--------|
| _____                   | _____                      | _____         | _____  |
| _____                   | _____                      | _____         | _____  |
| _____                   | _____                      | _____         | _____  |

**SECTION II – REQUESTOR'S IDENTITY**  
Driver's license, permit or ID number: \_\_\_\_\_  
For yourself:  Yes  No (If no, complete Section III.)

| Name  | First | M.I.  | Last  |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |

| Residential Address              | Phone number |
|----------------------------------|--------------|
| _____                            | _____        |
| City _____ State _____ ZIP _____ |              |

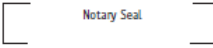
**SECTION III – If you classified yourself as a representative or agent of anyone other than yourself in Section II, you must provide the following information. Complete Section IV on reverse.**

| Name of person or organization I am representing | Phone number |
|--------------------------------------------------|--------------|
| _____                                            | _____        |
| City _____ State _____ ZIP _____                 |              |

If the record(s) you requested must be mailed, to which address above should it be mailed:  Section II  Section III

**SECTION IV (Please see reverse.)**

**SECTION V – AFFIRMATION OF REQUESTOR**  
I affirm that the information in Sections I, II, III and IV are true and correct to the best of my knowledge. I understand that if any of the information provided by me in these sections is knowingly false or misleading, administrative, civil and/or criminal actions may be taken against me. (Notarization required if mailing form.)

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 

**SECRETARY OF STATE USE ONLY**  
Identification checked: \_\_\_\_\_  
Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Number of certified records: \_\_\_\_\_ x \$12.00 – \_\_\_\_\_ Type of record: \_\_\_\_\_  
Number of photocopies: (Springfield only) \_\_\_\_\_ x \$ .50 – \_\_\_\_\_ Cash MO Check Credit Card  
Number of certifications: (Springfield only) \_\_\_\_\_ x \$2.00 – \_\_\_\_\_

### SECTION IV

Place an "X" in front of the category below that describes you concerning the record(s). Mark only one category per request form. Items within ( ) are for Secretary of State personnel.

Purpose of Request (This information must be provided if you mark a box that has an asterisk next to it.): \_\_\_\_\_

### I AM:

- the person named on the abstract requested. (AFF or PUB-FEE "S")
- a law enforcement or court official with an official need for the abstract(s) requested. **Complete Section III.** (CRT or EXT-NO FEE "L")
- a private investigative agency or security service licensed in Illinois for any purpose permitted under 625 ILCS 5/2-123 of the Illinois Vehicle Code. **Complete Section III.** (PUB-FEE-"H")  
Detective State Registration #: \_\_\_\_\_
- the legal representative of the person(s) named on the abstract(s) requested. **Complete Section III.** (AFF or PUB-FEE-"R")  
Attorney State Registration #: \_\_\_\_\_  
 an attorney not representing the person(s) named on the abstract(s) requested but needing the abstract(s) for legal business involving the affected driver(s). **Complete Section III.** (PUB-FEE-"A")  
Attorney State Registration #: \_\_\_\_\_
- the parent/legal guardian of the minor person(s) (under age 18) named on the abstract(s) requested. I am submitting the minor's signed and notarized consent to obtain his/her abstract. (AFF or PUB-FEE-"P")  
 an immediate family member (parent/legal guardian, brother, sister, spouse, grandparent, child or grandchild) of the adult (age 18 or older) named on the abstract(s) requested. I am submitting the adult's signed and notarized consent to obtain his/her abstract. (PUB-FEE-"F")  
Relationship: \_\_\_\_\_
- a representative of a local, state or federal government agency, with an official business need for the abstract(s) requested to carry out the agency function on this request form. **Complete Section III.** (EXT-NO FEE-"G")  
If an elected official, office held: \_\_\_\_\_
- a representative of the insurance industry with a legitimate insurance business need for the abstract(s) requested. **Complete Section III.** (PUB-FEE-"I")
- the employer, prospective employer, or representative of the employer or prospective employer of the person(s) named on the abstract(s) requested. I am submitting the employee's signed and dated consent form. **If I am coming into a facility, I will bring in the employees signed and dated consent form.** The abstract(s) is needed for business purposes pertaining to the person(s)'s employment or prospective employment. **Complete Section III.** (PUB-FEE-"E")
- a representative of a financial institution with a legitimate business need for the abstract(s) requested. **Complete Section III.** (PUB-FEE-"B")
- a representative of a new or used vehicle dealership, vehicle rental agency, or tow truck operation with a legitimate business need for the abstract(s) requested. **Complete Section III.** (PUB-FEE-"D")
- none of the above. The abstract(s) requested will be mailed to you by the Secretary of State Driver Services Department in Springfield in approximately 10 business days. The Secretary of State's office will send a letter to each person for whom a driving abstract is requested approximately 10 days prior to mailing his/her abstract(s) to you. The letter will inform the person(s) of the date of your purchase and your name. **NOTE: The abstract(s) requested will not list the address or personal information of the individual(s).** (PUB-Fee "N")

~~~~~OR~~~~~

Request online (see instructions below)

- To request online, visit: <https://www.ilsos.gov/drivingrecord/>

\*You will need your driver's license information (see below)\*

The screenshot shows a web browser window with the URL [ilsos.gov/drivingrecord/](https://www.ilsos.gov/drivingrecord/). The page header includes the text "SECRETARY OF STATE" and a search bar for "Cyberdriveillinois.com". The main heading is "Driving Record Abstract".

**Driver's License Information**

Enter the information **exactly** as it appears on your Driver's License.

|   |   |                               |
|---|---|-------------------------------|
| <b>Driver's License Number</b> required     | <b>Date of Birth</b> required           | <b>Last 4 of SSN</b> required |
| <input type="text" value="R999-9999-9999"/> | <input type="text" value="mm-dd-yyyy"/> | <input type="text"/>          |

SSN is not on DL

|   |  |
|---|--|
| <b>Issue Date on License</b> required   | <b>Expiration Date on License</b> required |
| <input type="text" value="mm-dd-yyyy"/> | <input type="text" value="mm-dd-yyyy"/>    |

|                                  |                        |
|----------------------------------|------------------------|
| <b>Class of License</b> required | <b>Weight</b> required |
| <input type="text"/>             | <input type="text"/>   |

**Affirmation of Requestor**

I hereby request a certified copy of my Illinois Driving Record Abstract. I affirm, under penalty of perjury, that I am requesting my **own** personal driving record and all the information submitted is true and correct. I understand that if I submit any false information, administrative, civil and/or criminal actions may be taken against me. Checking the box and typing my name will serve as my electronic signature. **required**

|                            |                           |
|----------------------------|---------------------------|
| <b>First Name</b> required | <b>Last Name</b> required |
| <input type="text"/>       | <input type="text"/>      |

First and Last Name must be entered **exactly** as it appears on your Driver's License.

- Select **Affected (“Court Purposes”) Driving Record Abstract – \$12** option (see below)

\*The cost is \$12 (as of 09/03/2020)\*



## Driving Record Abstract

### Choose Abstract

Please determine the type of record you would like to purchase. There are two types of driving record abstracts. All driving records are certified by the Secretary of State. Please note that your driving record or records may be multiple pages in length.

|                         |            |
|-------------------------|------------|
| Name                    | [REDACTED] |
| Driver's License Number | [REDACTED] |



**Affected (“Court Purposes”) Driving Record Abstract – \$12**



This abstract will include all actions on your driving record. This record contains confidential information, such as court supervision dispositions, that are not included on a public driving record abstract. This record is only available to the affected driver (and his/her attorney), prosecutors, law enforcement and the courts. Therefore, you are advised that if you share this driving record abstract with anyone other than a prosecutor, law enforcement or a court, you may be providing confidential information that the person could not otherwise obtain from the Secretary of State.

**Public Driving Record Abstract – \$12**

A public record will contain your driving history and will include any suspensions, revocations or convictions for traffic violations that may appear on your record. It is the same record that an insurance company or employer could purchase from our office.

**Both Records – \$24**

Submit

# Law Enforcement Sworn Report

This report is usually provided by the arresting officer at the same time a ticket is issued (see example below).

\*If you do not have your Sworn Report, the Notice of Summary Suspension of the same format (not the one later mailed to you by the Illinois Secretary of State) will be accepted.\*

\*\*If there is no Sworn Report or Notice of Summary Suspension, you MUST provide the police report from the arresting police department that states that neither document exists. This is a state requirement.\*\*

**LAW ENFORCEMENT SWORN REPORT**  
- FTPU -

Circuit Court, GALLATIN County, JDA Municipal District

Case Number 19-06-375

Name MR. Last K First  Middle

Driver's License Number  State IL

CDL

OPERATING:  Commercial Motor Vehicle  Placarded Haz. Mat. Vehicle

Street Address PROGLAY, IL City and County of Arrest GALLATIN

City & State IL Arrest Date 06/10/06 1:07 AM

Sex M Date of Birth 02-18-78 Place of Refusal or Location of Test(s) SAYNE CO. ILL.

Notice of Summary Suspension Given On 06/10/06 Ref. or Test Date 06/10/06 2:29 AM

THE SUSPENSION SHALL TAKE EFFECT ON THE 45th DAY FOLLOWING ISSUANCE OF THIS NOTICE OF SUMMARY SUSPENSION. SUBSEQUENT TO AN ARREST FOR VIOLATING SECTION 11-501 OF THE ILLINOIS VEHICLE CODE OR A SIMILAR PROVISION OF A LOCAL ORDINANCE, YOU ARE HEREBY NOTIFIED that on the one shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug or drugs, intoxicating compound or compounds or any combination thereof content of your blood and warned of the consequences pursuant to Section 11-501 of the Illinois Vehicle Code. You have a right to a hearing to contest your suspension. You must file a petition to contest your suspension within 90 days of this notice.

Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 6 months.\*

Because you submitted to testing conducted pursuant to Section 11-501.2 which disclosed:

an alcohol concentration of .190, which is 0.08 or more; [ANSWER 2.7]

any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of "cannabis" listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act;

your driving privileges will be suspended for a minimum of 3 months.\*

\*NOTE: If it is determined that you are not a "first offender", as defined in Section 11-503 of the Illinois Vehicle Code and:  
You refused to submit to, or failed to complete, all requested chemical testing, the period of suspension will be a minimum of 3 years; or if  
You submitted to chemical testing which resulted in an alcohol concentration of 0.08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis listed in the Cannabis Control Act, a controlled substance listed in the Illinois Controlled Substances Act or an intoxicating compound listed in the Use of Intoxicating Compounds Act, the period of suspension will be a minimum of 1 year.

Driver's license surrendered?  Yes  No: Reason

Driver's license valid in state of issue?  Yes (State stamp)  No (Valid receipt)

I have completed with Section 11-501.1 by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance (Explain) REASON FOR STOP WAS TO PROPER LANE USAGE. DETECTED THE ODOR OF AN ALCOHOLIC BEVERAGE ON THE DRIVER'S PERSON AND OBSERVED OPEN ALCOHOLIC BEVERAGE CONTAINERS IN THE VEHICLE. DRIVER ADMITTED OPENED BOTTLE AND FAILED FIELD SOBRIETY TEST. PBT .175

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:  
 Served immediate notice of summary suspension of driving privileges on the above named person.  
 Given notice of summary suspension of driving privileges to the above named person by depositing in the United States mail said notice in an envelope with the postage prepaid addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 11-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer J.P. OGD Identifying Number 5849

Date 06/10/06