

La Documentación Necesaria para Recibir Una Evaluación para la Conducción Bajo la Influencia de Alcohol y/o Drogas (DUI)

El Resumen del Conductor de Illinois para la Corte (IL Driver's Abstract for Court Purposes)

Visite cualquier oficina de la Secretaria de Estado de Illinois (si no sabe adonde ir, busque la oficina más cerca de su dirección aquí: <https://www.ilsos.gov/facilityfinder/facility>)



Pídalolo por el correo (lea las siguientes instrucciones)

- Visite el siguiente enlace para ver el formulario: https://www.ilsos.gov/publications/pdf_publications/dsd_dc164.pdf
- Complete la información necesaria y certifique el formulario con un notario público (visite su biblioteca para ayuda con los servicios de un notario público)
- Mande el formulario completo con el pago necesario a la siguiente dirección:

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

Reset

OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

DRIVER'S ANALYSIS
 2701 S. DIRKSEN PKWY.
 SPRINGFIELD, IL 62723
 217-782-2700
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. 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	MI.	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	
Address of person or organization	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: _____

Notary Seal

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-"T")
- 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)' 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")



Pídalo por el internet (lea las siguientes instrucciones)

- Para pedirlo por el internet, visite: <https://www.ilsos.gov/drivingrecord/>

Va a necesitar su licencia (mire el siguiente imagen)

The screenshot shows the 'Driving Record Abstract' form on the Secretary of State's website. The browser address bar shows 'ilsos.gov/drivingrecord/'. The page header includes 'SECRETARY OF STATE' and a search bar for 'Cyberdriveillinois.com'. The form is titled 'Driving Record Abstract' and contains the following sections:

- Driver's License Information:** A heading followed by the instruction: 'Enter the information **exactly** as it appears on your Driver's License.'
- Form Fields:**
 - Driver's License Number required:** Input field with placeholder 'R999-9999-9999'.
 - Date of Birth required:** Input field with placeholder 'mm-dd-yyyy'.
 - Last 4 of SSN required:** Input field with placeholder 'SSN is not on DL' below it.
 - Issue Date on License required:** Input field with placeholder 'mm-dd-yyyy'.
 - Expiration Date on License required:** Input field with placeholder 'mm-dd-yyyy'.
 - Class of License required:** Empty input field.
 - Weight required:** Empty input field.
- Affirmation of Requestor:** A section with a checkbox and the text: '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**'
- Name Fields:**
 - First Name required:** Empty input field.
 - Last Name required:** Empty input field.
- Instructions:** Below the name fields, it states: 'First and Last Name must be entered **exactly** as it appears on your Driver's License.'
- Submit:** A button at the bottom left of the form.

- Seleccione **El Resumen de Conducir que Esta Afectado (“Para La Corte”) – \$12 [Affected (“Court Purposes”) Driving Record Abstract – \$12]** (mire el siguiente imagen)

El resumen cuesta \$12 (efectivo el 3 de septiembre de 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

El Reporte Declarado por La Policía (Law Enforcement Sworn Report)

Normalmente este reporte está proveído por la policía cuando le arrestó a Usted y le dio la multa (mire el siguiente ejemplo).

Si no tiene el Reporte Declarado por La Policía, el Aviso de Suspensión (Notice of Summary Suspension) que tiene el mismo formato es aceptable (no es lo mismo que la carta que está mandado por correo después del incidente por La Secretaria de Estado de Illinois)

Si no existe el Reporte Declarado por La Policía o Aviso de Suspensión, Usted TIENE QUE PEDIR el reporte de la policía que le dio la multa. El reporte tiene que decir que los otros 2 reportes no existen. Esto es obligatorio, por el estado, para recibir servicios cuando los otros reportes no existen.

LAW ENFORCEMENT SWORN REPORT
- FTPO -

Circuit Court, GALLATIN County, DAV Municipal District

Case Number 19-06-375

Name MR. Last K First Middle

CDL Driver's License Number 0 State IL

OPERATING: Commercial Motor Vehicle Placarded Haz. Mat. Vehicle

Street Address 0 City and/or County of Arrest GALLATIN

City & State PEOGLAW, 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) SAYRE 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 60th 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 date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug or drug, 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 rescind 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 a "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 11-501 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 (Sign envelope) No (Void envelope)

I have complied with Section 11-501 of the Illinois Vehicle Code by having reasonable grounds to believe the arrest was in violation of Section 11-501 or a similar provision of a local ordinance (English) REASON FOR STOP WAS TO PROPERLY INVESTIGATE. DETECTED THE ODOR OF AN ALCOHOLIC BEVERAGE ON THE OTHER PERSON AND OBSERVED OPEN ALCOHOLIC BEVERAGE CONTAINERS IN THE VEHICLE. DRIVER ADMITTED DRINKING ALCOHOL AND FAILED FIELD SOBRIETY TEST. PBT .195

Pursuant to Section 11-501 of the Illinois Vehicle Code I have:

Served immediate notice of summary suspension of driving privileges to 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 7-109 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 4849

Date 06 / 10 / 06