STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

CLEAR FORM

REQUEST FOR HEARING

You must appear in person at your hearing. Your appeal will be heard and decided by an attorney-hearing officer who will either appear in person or on screen via video conferencing equipment. Once a hearing has been scheduled, you will be notified of the date, time and location. After the hearing, a written decision will be mailed to you.

Your rights:

- You may bring an attorney with you; however, an attorney is not required.
- You may purchase a transcript of the hearing.
- If you disagree with the hearing decision, you can appeal the decision to a Michigan circuit court.

Documents required by the Michigan Department of State

a) **Request for Hearing** (SOS-257)

b) **Substance Use Evaluation** (SOS-258): If you have *ever* been arrested for an alcohol or controlled-substance related offense, you must submit this form. The form must be completed, signed and dated within the last 90 days or it cannot be accepted.

c) If this hearing is the result of an alcohol or controlled-substance related driving offense:

- **A laboratory report from a 10-Panel Urinalysis Drug Screen** – This report must include at least two integrity variables such as specific gravity, urine creatinine or pH level.
- **Documentation of sobriety** – Your sobriety must be confirmed by friends, family and co-workers, who are in a position to know, observe and personally attest to your habits regarding the use of alcohol or controlled substances. You must either submit three to six notarized testimonial letters with this form or bring three to six witnesses to your hearing who will testify as to your sobriety. Letters must be signed, dated and notarized with a complete mailing address and telephone number where the writer can be reached between 8 a.m. – 5 p.m. Eastern time. Letters must contain the following information about you:
  1. The person's relationship to you
  2. How often the person sees you
  3. How long the person has known you
  4. The last time the person saw or had knowledge of you drinking or using controlled substances
  5. The amount of alcohol or controlled substance the person knows you consumed on the last occasion
  6. What social activities you participate in involving alcohol or controlled substances
  7. The person's knowledge of your past or current involvement in treatment or a support group
- **Evidence of support** (as applicable) – Alcoholics Anonymous (AA) sign-in sheets, letters or other evidence that shows you are attending a structured support group. If you have a sponsor, you should also include a notarized letter from that person.
- **An ignition interlock report** – If you have a restricted driver's license and are required to use an ignition interlock device, you must submit a report from the interlock vendor. The report must state that the ignition interlock device has been properly installed for at least the minimum required time as specified by law and whether any alcohol readings or other violations have registered. The report must be no more than 30 days old when it is submitted with your hearing request.

d) **Additional evidence** – If you have ever attended a driver's license appeal hearing, please refer to your last hearing order for any additional information you may be required to submit. You may also submit any other evidence you believe is relevant to your case.

REQUEST FOR AN ADMINISTRATIVE REVIEW

You may have the option to choose an administrative review in place of a hearing. You are eligible for an administrative review **IF ALL OF THE FOLLOWING APPLY**:

- You are **NOT** a Michigan resident, **and**
- You are attempting to clear your Michigan driving record, **and**
- The licensing action you are appealing does not involve a fatality.

You will not have to appear in person for an administrative review. Instead, the Department of State will review the documents you submit and its own records to determine if your full driving privileges can be reinstated. You will receive a written decision by mail. If the decision is unfavorable, you can still request an in-person or video hearing. You may only request one administrative review in any 12-month period. Please place a check mark next to the statement below **if you would like an administrative review instead of a hearing**.

___I am requesting an administrative review. I understand that the administrative review will be based on the written proofs that I submit along with this form, and that the department may or may not accept additional evidence. I understand that previous license appeal orders may be considered in making a decision. I also understand the administrative review will not be recorded and that no testimony will be taken. I further understand the decision will be mailed after the administrative review has been completed. Selecting this option does not affect my eligibility for a hearing.

Please fill out the information below. Whether you are applying for a hearing or an administrative review, this information will assist the department in determining whether to restore your driving privileges. Submitting it does not guarantee you will be approved for a driver's license or a license clearance.

SECTION 1 – CONTACT INFORMATION

A. Your Contact Information *(Please print or write clearly)*	
1. Full Name *(From driver's license or state ID card)*:	
2. Address: Street, City, State, ZIP Code:	
3. Date of Birth:	4. Michigan Driver's License/State ID Card Number:
5. Telephone Number *(8 a.m. – 5 p.m. Eastern time)*:	

B. Your Attorney's Contact Information *(If an attorney is retained)*	
1. Attorney's Name:	
2. Attorney's Bar Number:	
3. Attorney's Address: Street, City, State, ZIP Code:	
4. Attorney's Telephone Number:	5. Attorney's Fax Number:

SECTION 2 – BACKGROUND INFORMATION

A. If you are a Michigan Resident:
1. How long have you lived in Michigan?
2. Where did you live before moving to Michigan?

B. If you are NOT a Michigan Resident:	
1. Why did you leave Michigan?	
2. When did you leave Michigan?	
3. In which state or country are you currently living? *(You must provide proof of your out-of-state residency. Please attach a copy of your utility bill, lease or bank statement with this form.)*	
4. When did you become a permanent resident of your current state or country?	
5. Why are you applying for clearance of your Michigan license?	
6. Do you intend to re-establish residency in Michigan? *(Select "Yes" or "No")* **YES** _____ **NO** _____	7. If "Yes," when will you establish Michigan residency?

SECTION 3 – CONVICTION HISTORY

*(If you **NEVER** have been arrested for an alcohol or controlled substance-related offense, skip sections 3-6 and go directly to Section 7.)*

Additional Information: *Please attach all out-of-state driving records if applicable.*

1. Have you ever been issued a driver's license in another state? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the state or states and the driver's license numbers.

State	**Driver's License Number**

2. Have you ever been involved in a crash in which someone was injured or killed *when you were driving the vehicle*? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the crash date and number of people injured or killed.

Crash Date	**Number of Injuries**	**Number of Deaths**

3. Do you currently have a case pending against you in any state for any driving or nondriving offense? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the offense, location and the court date.

Offense	Location	Court Date

4. Please list the last time you were convicted of a driving or nondriving civil infraction, misdemeanor or felony.

Conviction	Location	Date

SECTION 4 – SUBSTANCE USE HISTORY

1. Please list the convictions for an alcohol or controlled substance-related driving offense, such as drunken or impaired driving, that you received in Michigan or in another state.

Driving Conviction	Date	Bodily Alcohol Content or Drug Type *(If known)*

2. Have you ever been convicted of any alcohol or controlled substance-related offenses that *did not* involve driving, such as domestic violence, disorderly conduct, etc.? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the conviction, date and BAC or drug type.

Nondriving Conviction	Date	Bodily Alcohol Content or Drug Type *(If known)*

3. Have you ever been incarcerated, on probation or on parole for one or more alcohol or controlled substance-related offenses, either as a driving or nondriving offense? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the offense, location and date of the offense, and the release date.

Offense	Location	Date	Release Date

4. Describe your past drinking habits and controlled substance use in detail.		
Alcohol – What Kind of Alcohol	**How Often**	**Amount Used**
Controlled Substances – Type of Drug	**How Often**	**Amount Used**

5. Describe your current drinking habits and controlled substance use in detail.		
Alcohol – What Kind of Alcohol	**How Often**	**Amount Used**
Controlled Substances – Type of Drug	**How Often**	**Amount Used**

6. Last time you consumed alcohol.	6a. Name of alcohol consumed.	6b. Amount consumed.

7. Last time you used an illicit drug.	7a. Name of drug.	7b. Amount consumed.

8. Last time you drank a nonalcoholic beer (Sharp's, O'Doul's, etc.).	8a. Name of nonalcoholic beer.	8b. Amount consumed.

9. Please explain your intentions regarding your future use of alcohol or controlled substances.

10. Does your substance use evaluation accurately describe your use of alcohol or controlled substances, past and present? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "No," please explain why not.

11. Are you currently taking any prescription medications? *(Select "Yes" or "No")* **YES** _____ **NO** _____

If "Yes," please list the drugs, the medical conditions associated with them, and how long you have been taking the medication. Note: A physician's Statement of Examination (DI4P) may be required.

Name of Drug	**Medical Condition**	**Medication Use: Start Date - End Date**

SECTION 5 – TREATMENT HISTORY

1. Have you ever joined or successfully completed a substance abuse, counseling or treatment program?
   (Select "Yes" or "No") **YES** _____ **NO** _____

   If "Yes," please list the program, date, location, attendance rate and treatment outcome. Attach verification of your completion.

Program Type *(Detoxification, Residential/In-patient, Intensive Outpatient, Outpatient (Individual or Group), Education, Driver Safety Intervention Course)*	**Date Started**	**Date Ended**	**Name of Program, Therapist, Group Leader and Location**	**Treatment Outcome**

2. Have you ever participated in a medication-assisted treatment program (Methadone, Antabuse, Buprenorphine or Campral)?
   (Select "Yes" or "No") **YES** _____ **NO** _____

   If "Yes," please list the medication and the treatment dates.

Medication	**Date Started**	**Date Ended**

3. Have you ever tried abstinence as a means of controlling your alcohol or controlled substance use?
   (Select "Yes" or "No") **YES** _____ **NO** _____

   If "Yes," please list when and for how long you maintained complete and total abstinence.

From	**To**

4. Have you ever abstained from alcohol or controlled substances while incarcerated, on probation or on parole?
   (Select "Yes" or "No") **YES** _____ **NO** _____

   If "Yes," please list when and for how long you maintained complete and total abstinence.

From	**To**

5. Have you ever used alcohol or controlled substances after attempting to abstain from them?
   (Select "Yes" or "No") **YES** _____ **NO** _____

   If "Yes," please list when and for how long you maintained complete and total abstinence.

From	**To**

SECTION 6 – CONTINUUM OF CARE

1. Please list your participation in any lifetime support groups. *Include the program name, dates attended, location, frequency of attendance, sponsor's name and any other relevant information.*

Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information

2. Are you currently attending a community-based or 12-step support program?
(Select "Yes" or "No") **YES** _____ **NO** _____

If "Yes," please list the program name, dates attended, frequency of attendance, sponsor's name and any other relevant information.

Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information

3. Are you currently involved in any other recognized recovery program?
(Select "Yes" or "No") **YES** _____ **NO** _____

If "Yes," please list the program name, dates attended, frequency of attendance, sponsor's name and any other relevant information.

Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information

SECTION 7 – ADDITIONAL INFORMATION

For your hearing request or administrative review request: Please refer to your last hearing order for any additional information you may be required to submit. You may also submit any other evidence you believe is relevant to your case. Attach any additional pages as necessary.

SECTION 8 – FOREIGN LANGUAGE AND SIGN LANGUAGE INTERPRETERS

Foreign Language Interpreter: If you require a foreign language interpreter, *it is your responsibility to make arrangements to have one present at your hearing or review*. The interpreter must be qualified by the state of Michigan and cannot be a family member or a friend. If you need assistance in locating a foreign language interpreter, please contact the Department of State at 888-SOS-MICH (767-6424).

Sign Language Interpreter: If you require a sign language interpreter, we will assist you in making the arrangements for an interpreter. Please contact the Department of State at 888-SOS-MICH (767-6424) by calling the Michigan Relay Center at 800-649-3777.

_____ I will need a SIGN LANGUAGE INTERPRETER (please check if it applies).

SECTION 9 – HEARINGS, VIDEO HEARINGS AND EVIDENCE AFFIDAVIT

You must attend your hearing *in person*.

Only hearings held in **Grand Rapids**, **Lansing** and **Livonia** are held face-to-face with a hearing officer. All other locations are video-conferencing sites and you will not have an opportunity to hand anything to your hearing officer. Therefore, **ALL evidence and documentation must be submitted IN ADVANCE of your hearing**, **no matter whether your hearing officer will be in-person or on the monitor**.

Your submitted documentation *must* include:

a) The completed Request for Hearing form (SOS-257). Don't forget to sign and date the Evidence Affidavit.
b) If you have ever been arrested for an alcohol or controlled substance related offense: Substance Use Evaluation (SOS-258). The form must be completed, signed and dated within the last 90 days or it cannot be accepted.
c) If this hearing is the result of an alcohol or controlled substance-related driving offense:
    1. A laboratory report from a 10-Panel Urinalysis Drug Screen.
    2. Documentation of sobriety. (Submit three to six notarized testimonial letters with this form or bring three to six witnesses to your hearing who will testify as to your sobriety.)
    3. Evidence of support. If you have a sponsor, you should also include a notarized letter from that person.
    4. An ignition interlock report (if required).
d) Any additional evidence you believe is relevant to your case.

By signing and dating the Evidence Affidavit below, you are affirming that all evidence has been submitted and you are ready for the hearing to be scheduled.

EVIDENCE AFFIDAVIT:

I have submitted all my evidence (substance abuse evaluation, testimonial letters, and, if required, ignition interlock report, etc.) for my hearing. I also understand that the Department of State or hearing officer may refuse to accept additional written evidence after I submit this affidavit.

Under the penalty of perjury, I certify that I am the petitioner in this matter and that the statements set forth in this document are true and correct to the best of my knowledge and belief.

You will receive a written notice informing you of the date and time about 10 days before the hearing.

_____ _____

Signature of Petitioner Date

PLEASE FORWARD THIS ENTIRE FORM AND ALL REQUIRED DOCUMENTATION TO:

Michigan Department of State
P.O. Box 30196
Lansing, MI 48909-7696
Phone: 888-SOS-MICH (767-6424)
Fax: 517-335-2190

This form is available on the Department of State website at **www.michigan.gov/sos**. Click on "Forms," "Suspended, Revoked or Denied Driver's License" and "Request for Hearing (SOS-257).

SUBSTANCE USE EVALUATION
(ALCOHOL AND DRUGS)

SECTION 1: GENERAL INFORMATION and HISTORY (To be completed by driver/applicant)

Please print or type. Attach additional pages where necessary.

Name (First, Middle, Last)	Date of Birth	Driver's License Number
Street Address		Telephone Number (8 a.m. – 5 p.m.)
City	State	ZIP Code

Lifetime Conviction History: List all driving convictions (e.g. operating while intoxicated or impaired driving) and nondriving convictions (e.g. drug crimes, domestic violence, MIP or disorderly persons) involving alcohol or controlled substances. Include juvenile dispositions.

Driving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)	Nondriving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)

I authorize the Evaluator named on Page 10 to furnish the information set forth on this form and to discuss the information with the Michigan Department of State. I understand this form may also be used as my written request for a hearing. I certify that my responses contained in this document are true and accurate to the best of my knowledge and belief.

Driver/Applicant's Signature _____ **Date**_____

SECTION 2: HISTORY and EVALUATION (To be completed by the evaluator)

Please print or type. Attach additional pages when necessary.

Lifetime Treatment History for Alcohol and/or Drug Use Disorders: Attach each treatment plan and discharge report.

Program Type *(e.g. Detoxification, Residential/Inpatient, Intensive Outpatient, Outpatient (Individual and/or group), Education, Driver Safety Intervention Course)*	Beginning and Ending Dates	Name of Program, Therapist or Group Leader, and Location	Treatment Outcome

Medication-assisted Treatment (e.g. Methadone, Antabuse, Buprenorphine or Campral): Medication: _____

Prescribing Physician: _____ Date Started: _____ Date Ended: _____

Lifetime Support Group History: List all time periods of attendance and frequency.

Period Freque	ncy	Type (e.g. AA/NA or Women for Sobriety)	Sponsor Yes or No?

Diagnostic Impression (DSM-IV): Indicate all past and present alcohol, drug and mental health diagnoses.

Diagnoses:

Supporting facts for diagnostic impression:

Course Specifiers (Check all that apply):

- ☐ Early Full Remission
- ☐ Early Partial Remission
- ☐ Sustained Full Remission
- ☐ Sustained Partial Remission
- ☐ On Agonist Therapy
- ☐ In a Controlled Environment
- ☐ Sustained Recovery
- ☐ None Applicable

Testing Instruments: Attach the actual instrument used

Testing Instruments Used (e.g. ASI, SASSI-3, MAST/DAST)	Score	Interpretation of Results	Explain how the results of this test correlate with the DSM-IV diagnosis on Page 9
Test 1:			
Test 2:			

Drug Screen: Administer a 10-panel urinalysis drug screen (or refer client) and submit a current laboratory report that includes at least two urine integrity variables. Please include the confirmation test for any positive screen results.

Comments:

If you administered an ethyl-glucoronide alcohol test, what were the results?

Lifetime Abstinence History:

Period of Abstinence (Beginning and Ending Dates)	Abstinence Period Abated by What? (Any abuse of prescription medication or use of alcohol, controlled substances or NA beer)	Comments

Client Prognosis:

Please check one: ☐ Poor ☐ Guarded ☐ Fair ☐ Good ☐ Excellent

Provide supporting facts for this prognosis (consider the client's current living and work environments, lifestyle, relapse history, use of addictive prescribed medications and any other relevant factors that may affect the overall prognosis):

Date of last use of: Alcohol and/or NA Beer: Controlled Substances:

(Including illicit drugs and addictive prescription medications)

Continuum of Care Recommendations (please check all that apply):

☐ Professional Treatment ☐ Educational Course ☐ Community Support Group (e.g. AA/NA, Women for Sobriety, SMART Recovery) ☐ Other _____ ☐ None

Reasons for recommendation or, if none, please state reasons:

Certification of Evaluator:

As of this date, I certify that I have reviewed Section 1 and completed Section 2 and that this Substance use Evaluation is true to the best of my knowledge and belief based on information obtained from the client, the client's known substance use disorder and mental health history and a client examination. I understand that the decision to grant, suspend or reinstate an individual's driving privileges rests solely with the Department of State, which may consider other facts or conditions when making this decision.

Evaluator's Name (printed or typed)	Qualifications/Degrees Date	
Evaluator's Signature	Telephone Number	
Program Name	Program License Number	

Address	City	State	ZIP Code