

Collect and submit the following documents to the Office of Hearings and Administrative Oversight (OHAO).

Get Started

Request your [driving record](#) online

1 Complete your evidence package



Complete the Hearing Request Application (SOS-257).



Find a qualified evaluator to complete the Substance Use Evaluation (SOS-258).
This is required if you have been arrested for any alcohol or controlled substance related offense.



Order a laboratory report from a 12-panel urinalysis drug screen with at least two integrity variables such as specific gravity, creatinine or pH level.

The test should screen for: cocaine, marijuana, PCP, amphetamines, opiates, benzodiazepines, barbiturates, methadone, propoxyphene, methaqualone, ecstasy/MDMA, and oxycodone/Percocet.



Send the Community Support Letter to 3-6 friends, family members or coworkers to complete (if you do not intend to have witnesses at your hearing).

2 Gather additional documents

- Request an interlock report from your interlock provider that is dated within 30 days of submission (if applicable).
- Have your doctor complete the DA-4P form if you are taking medication to treat addiction, pain, or a mental or physical health concern that may affect your ability to drive safely.
[Download the DA-4P form](#)
- Collect certifications of completion or verification of participation from programs such as AA, other support groups, or individual counseling.

3 Sign and upload your evidence package

Go online for faster processing:

- Applicants: <https://milogin.michigan.gov/>
- Attorneys: <https://milogintp.michigan.gov>

Mailing address: Michigan Department of State, OHAO P.O. Box 30196. Lansing, MI 48909
Fax: (517) 335-2190

4 Wait for a Notice of Hearing

If you are eligible, you will receive a notice with the time, date, and location of your hearing. If you are not eligible or your application is incomplete, you will be notified.

Hearing Request Application

1 | Hearing Request
SOS-257

Your Contact Information

Full name (from driver's license or state ID card)

Michigan driver's license/state ID card number
(if known)

Address (street address)

City

State

ZIP code

Date of birth (MM/DD/YY)

Phone number (including area code)

Email

Have you ever been issued a driver's license in another state?

If yes, list below.

No

Which state(s)?

Driver's license number (if known)

Non-Michigan Residents Only

You are only eligible if you are not a Michigan resident, the action you are appealing does not involve a fatality, and you are attempting to clear your Michigan record.

Would you like to request an administrative review?

Yes

No

Rather than attend a hearing The Department will review your documents and driving record to determine if your Michigan driving record can be cleared. If you are denied, you can still request a hearing.

Your Attorney's Contact Information

Not required if you choose to represent yourself.

Full name

Bar number

Attorney's address

City

State

ZIP code

Phone number

Email

Conviction History

When was the last time you were convicted of a civil infraction, misdemeanor or felony?

This includes any time law enforcement was involved.

← Go to apps.michigan.gov/ to find all felony and serious misdemeanor offenses that occurred in Michigan.

Date of occurrence (MM/DD/YYYY)

Conviction

List all driving and nondriving convictions involving alcohol or controlled substances (including marijuana).

Include offenses that happened in Michigan and other states.

Date of occurrence (MM/DD/YYYY)

Conviction

Have you ever been incarcerated, on probation or parole for an offense related to alcohol or a controlled substance (including marijuana)?

This includes driving and nondriving offenses.

Yes

No

Have you ever injured or killed someone in a crash when you were driving?

If yes, list below.

No

Accident date:
(MM/DD/YYYY)

Number of individuals injured:

Number of deaths:

Do you currently have any pending criminal or civil infractions (driving or nondriving)?

If yes, list below.

No

Offense:

City, State:

Court date
(if set):

(MM/DD/YYYY)

Substance Use History

Alcohol

Have you ever used alcohol (including beer, wine or non-alcoholic beer)?

If yes, list below.

No

At your peak usage, what types of alcohol did you use?

How often?
Daily, weekly or monthly

How much at a time?

When was the last time you used this type of alcohol?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When was the last time you used any alcohol (including beer, wine or non-alcoholic beer)?

Date	Type	Amount
_____	_____	_____

Drugs

Have you ever used controlled substances (including marijuana)?

If yes, list below.

No

At your peak usage, what types of controlled substances did you use?

How often?
Daily, weekly or monthly

How much at a time?

When was the last time you used this substance?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When was the last time you used a controlled substance (including marijuana and addictive prescription drugs)?

Date	Type	Amount
_____	_____	_____

Future

Do you intend to use alcohol or controlled substances (including marijuana) in the future?

Treatment History

Counseling and Treatment

← If you've attended substance abuse counseling or treatment programs, attach verification of completion for each program.

Have you ever attended substance abuse counseling or treatment programs?

If yes, list below.

No

Type of program

Such as inpatient, intensive outpatient, or driver safety course

Name of the program
If known

Location
City, State

Dates of participation
Start and end dates

_____	_____	_____	_____
_____	_____	_____	_____

Have you ever taken medication to stop drinking or using controlled substances?

Such as methadone, antabuse, buprenorphine or campral

If yes, list below.

No

Type

Date started

Date ended

_____	_____	_____
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Have you ever tried abstinence to stop your alcohol or substance use? Include all periods you intentionally stopped drinking or using drugs.

If yes, list below.

No

Dates

Reason for relapse

_____	_____
_____	_____
_____	_____

Prescription Medications

← Your prescribing physician must complete a DA-4P form for all current medications included.

Have you ever taken medication to treat addiction, pain, or a mental health concern?

If yes, list below.

No

Medication

What is or was it treating?

Date started

Are you currently taking it?
If not, list date of last use

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continuum of Care

Have you ever attended a community based or 12-step program?

If yes, list below.

No

Program name	Do you have a sponsor?	How often?	Dates of participation Start and end dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Michigan Residents Only

Complete this section if you live outside of Michigan.

When did you move to the state or country where you are currently living?
You must submit a copy of a utility bill, lease or bank statement with this form as proof of residency.

Have you ever lived in Michigan?

If yes, list below.

No

When did you leave? _____

What prompted your move? _____

Do you intend to move back to Michigan?

If yes, when?

No

Is there anything else you would like us to know?

Final Details (continued)

Additional Support

Foreign language interpreter

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

Sign language interpreter

If you need a sign language interpreter, we will help you make the arrangements for one. Contact the Michigan Department of State at (888) SOS-MICH (888-767-6424) or by calling the Michigan Relay Center at (800) 649-3777.

Yes, I will need a sign language interpreter.

Sign Here

← You may e-sign this document.
Click document field to sign.

UNDER PENALTY OF PERJURY, I certify that I am the applicant in this matter and that the statements set forth in this document are true and correct to the best of my knowledge and belief. I have submitted all my evidence (substance use evaluation, community support 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.

Applicant's name

Applicant's signature

Date

Opt-in to email notifications. By selecting the box, I am opting in for all notifications for this case to be sent to me only electronically. I understand I must set up an account through <https://milogin.michigan.gov> to receive the notifications.

Attorney's name (if any)

Attorney's signature

Date

Opt-in to email notifications. By selecting the box, I am opting in for all notifications for this case to be sent to me only electronically. I understand I must set up an account through <https://milogintp.michigan.gov> to receive the notifications.

A qualified evaluator must complete this form on your behalf.

- ⌚ **Submit this form within 90 days of your evaluation with your evidence package.**

What you need to do:

- 1 Find** a qualified evaluator to complete this form.
- 2 Schedule** an appointment with the evaluator.
Bring your completed Hearing Request Application (SOS-257) to the appointment.
- 3 Sign and submit** the completed form with your evidence package.

Background Information

2

Substance Use
Evaluation
SOS-258

Contact Information

Evaluator's name

Qualifications/Degrees

Phone number

Program name

Program license number

Address (street address, city, state, ZIP code)

Applicant's name (first, middle, last)

Date of birth

Applicant's phone number

Applicant's email address

Michigan driver's license/state
ID card number (if known)

Lifetime Conviction History

List all driving and nondriving convictions involving alcohol and/or drugs.

Conviction

Date of arrest

Blood alcohol content or drug type

Lifetime Treatment History

Program Treatment

← Attach treatment plans and discharge reports.

Include treatment history for all mental health diagnoses, alcohol and/or drug use.

Program type	Timeframe	Name of the program, therapist or group leader	Treatment outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prescription Medication

← The prescribing physician must complete a DA-4P for all prescriptions included.

Include all agonist medication and medication to treat pain, mental or physical health that may impact the applicant's ability to drive.

PAST

Medication	Prescribing physician	Used for	Dates used Start and end dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT

Medication	Prescribing physician	Used for	Dates used Start and end dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lifetime Treatment History

Lifetime Support Group History

Type <i>Such as AA/NA</i>	Timeframe	Frequency of attendance <i>Daily, weekly, monthly</i>	Sponsor's name If applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lifetime Abstinence History

Periods of abstinence <i>Start and end dates</i>	Comments <i>Cause of relapse and substances used</i>
_____	_____
_____	_____
_____	_____
_____	_____

Date	Comments (if any)
Date of last use of alcohol <i>Including non-alcoholic beer</i>	_____

Date	Comments (if any)
Date of last use of controlled substances <i>Including marijuana and addictive prescription medications</i>	_____

Diagnostic Impression

Diagnostic Impression (DSM-IV or DSM-V)

Describe all past and present alcohol, drug, and mental health diagnoses (including self-reported).

Diagnosis	Course specifiers (check all that apply):			
_____	Early Full Remission	Sustained Full Remission	On Agonist Therapy	Sustained Recovery
Supporting facts for diagnosis	Early Partial Remission	Sustained Partial Remission	In a Controlled Environment	Non-Applicable

Diagnosis	Course specifiers (check all that apply):			
_____	Early Full Remission	Sustained Full Remission	On Agonist Therapy	Sustained Recovery
Supporting facts for diagnosis	Early Partial Remission	Sustained Partial Remission	In a Controlled Environment	Non-Applicable

Diagnosis	Course specifiers (check all that apply):			
_____	Early Full Remission	Sustained Full Remission	On Agonist Therapy	Sustained Recovery
Supporting facts for diagnosis	Early Partial Remission	Sustained Partial Remission	In a Controlled Environment	Non-Applicable

Diagnosis	Course specifiers (check all that apply):			
_____	Early Full Remission	Sustained Full Remission	On Agonist Therapy	Sustained Recovery
Supporting facts for diagnosis	Early Partial Remission	Sustained Partial Remission	In a Controlled Environment	Non-Applicable

Testing Instruments

← Attach the actual instrument (such as ASI, SASSI-3, MAST/DAST) used.

TEST 1

Testing instrument used

Interpretation of results

Score

How do the results of this test correlate with the DSM-IV or DSM-V diagnosis?

TEST 2

Testing instrument used

Interpretation of results

Score

How do the results of this test correlate with the DSM-IV or DSM-V diagnosis?

Drug Screen

← Attach the 12-panel drug test results and results for any additional drug tests taken.

I referred a client to a drug screening facility.

I administered a 12-panel urinalysis drug screen and submitted a current laboratory report that includes at least two urine integrity variables such as specific gravity, urine creatinine or pH level.

This includes: cocaine, marijuana, PCP, amphetamines, opiates, benzodiazepines, barbiturates, methadone, propoxyphene, methaqualone, ecstasy/MDMA, and oxycodone/Percocet.

What were the results of the applicant's 12-panel urinalysis drug screen?
If you administered an ethyl-glucurodine alcohol test, include the results.

Prognosis & Recommendation

Applicant Prognosis

What is the applicant's prognosis? Check one:

Poor Guarded Fair Good Excellent

← Consider the applicant's current living and work environments, lifestyle, relapse history, interlock device report (if applicable), use of addictive prescribed medications, and any other relevant factors.

Explain your prognosis in detail:

Continuum of Care Recommendations

How do you recommend the applicant stay abstinent? Check all that apply:

Mental health treatment Community support group (such as AA/NA)
Substance use treatment Other: _____

Explain in detail. If no recommendations, why?

Additional Information

2

Substance Use
Evaluation
SOS-258

Is there anything else you would like to share about the applicant's substance use history or current lifestyle?

Sign Here

← You may e-sign this document.
Click document field to sign.

I authorize the Evaluator above to furnish the information set forth on this form and to discuss the information with the Michigan Department of State. I certify that my responses contained in this document are true and accurate to the best of my knowledge and belief.

Applicant's name

Applicant's signature

Date

As of this date, I certify that this Substance Use Evaluation is true to the best of my knowledge and belief based on information obtained from the applicant, the applicant's known substance use disorder and mental health history, and 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

Evaluator's signature

Date

At least 3 people in your community must write a letter of support to document your sobriety.

Submit all of the notarized letters with your evidence package.

What the applicant needs to do:

- 1 Choose 3-6 people to write a letter on your behalf.**
Ask family members, friends and/or coworkers. Ideally, people who knew you before and after you became abstinent. Together, these letters should show who you are at home, work, and in your community. They should also show that you are abstinent from alcohol and drugs.
- 2 Provide the guidance on this page to each person.**
It might take some time to get all of your letters back. Don't wait!
- 3 Ask each person to get their letter notarized.**
- 4 Collect and submit the notarized letters with your evidence package.**

Guidance for the letter writer

Write a detailed, unique letter that addresses each of the categories below. The purpose of this letter is to document the applicant's sobriety. Your letter will be used as evidence for the applicant's case. Your honesty is essential. The letter can be typed or handwritten. Be sure to get it notarized.



Relationship

Tell us about the applicant and your relationship to them.

Describe their relationships, how they spend their time, how long you've known them, and how often you see them.



Substance Use

Describe the applicant's past and current alcohol and drug use (including marijuana).

When was the last time they used alcohol and/or drugs? Are you aware of any social activities the applicant participates in that involve alcohol and/or drugs?



Treatment

Describe how you've seen the applicant change over time.

Tell us about the applicant's involvement in treatment or other support groups. How have you seen the applicant change since they had their license revoked?

How to submit your letter:

1. Write or type your address and phone number on the letter.
2. Print your letter and sign it in front of an authorized notary. Go to the bank or search online for a notary near you. Free options are available.
3. Scan and email (or mail) the notarized letter to the applicant.