

ALCOHOL AND DRUG EVALUATION UNIFORM REPORT

ILLINOIS DEPARTMENT OF HUMAN SERVICES
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE

ALCOHOL AND DRUG EVALUATION UNIFORM REPORT
DRIVING UNDER THE INFLUENCE (DUI) OFFENSE

SECTION I: DEMOGRAPHIC DATA

REF# 07-002222

1. REFERRAL SOURCE: ATTORNEY
2. NAME: HERNANDEZ, LUCIA M
3. ADDRESS: 12000 S. LAKESHORE DRIVE
CHICAGO, IL 60699
4. PHONE NUMBER: (H) (773)123-4567 (W) (999)999-9999
5. SEX: Female 6. RACE: HISPANIC MEXICAN 7. DATE OF BIRTH: 12/04/1956 8. AGE: 44
9. DRIVERS LICENSE #: 9999-9999-9999 10. SOCIAL SECURITY #: 56-7888
11. MARITAL STATUS: MARRIED
12. HIGHEST LEVEL OF EDUCATION COMPLETED: HIGH SCHOOL
13. EMPLOYMENT: UNEMPLOYED
14. OCCUPATION: HOME MAINTENANCE
15. TOTAL HOUSEHOLD INCOME: 25,000
16. NUMBER OF DEPENDENTS (INCLUDING SELF): 5
17. COUNTY OF RESIDENCE: COOK/URBAN
18. COUNTY OF ARREST: COOK/URBAN
19. COURT LOCATION: ROLL MEA - STATE 15
RETURN TO COURT DATE: 08/01/01
TIME: 10:30 AM
TICKET: T7-456-3218

IMPORTANT NOTICE: The Illinois Department of Human Services - Office of Alcoholism and Substance Abuse is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependency Act, [20 ILCS 301/1-1] Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois. Form approved by the State Forms Management Center

Revised July 1998

IL-409-0199

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SECTION II: ALCOHOL AND DRUG RELATED DRIVING HISTORY

LUCIA M. HERNANDEZ

REF# 0-0000015

20. EVALUATION START DATE: 10/19/99 21. EVALUATION END DATE: 06/07/01
22. DATE OF ARREST: 06/13/99 23. DAY OF WEEK: SUNDAY TIME OF ARREST: 12:30 AM
25. BAC AT TIME OF ARREST: BREATHALYZER TEST: TEST SOURCE: REFUSED TESTING
26. ANY BLOOD AND/OR URINE TESTS? NARRATIVE RESULTS: ANY BLOOD AND/OR URINE TESTING: