



How to Request a Hearing

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

Get Started

Request your driving record online at Michigan.gov/SOS. Select “Online Services” and follow the prompts to “create” or “log into” your account.

1 Complete your evidence package



Complete the Hearing Request Application (SOS-257).



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).



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.

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 at Michigan.gov/SOShearings
- 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

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/YYYY)

Phone number (xxx-xxx-xxxx)

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 (xxx-xxx-xxxx)

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

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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? <i>Daily, weekly or monthly</i>	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

MM/DD/YYYY

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? <i>Daily, weekly or monthly</i>	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

(MM/DD/YYYY)

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

Type of program	Name of the program	Location	Dates of participation

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

Such as mathadone, antabuse, buprenorphine or campral

If yes, list below No

Type

Date started (MM/DD/YYYY)

Date ended (MM/DD/YYYY)

Type	Date started (MM/DD/YYYY)	Date ended (MM/DD/YYYY)

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

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

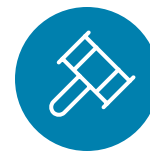
Medication

What is or was it treating?

Date started (MM/DD/YYYY)

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

Medication	What is or was it treating?	Date started (MM/DD/YYYY)	Are you currently taking it? If not, list date of last use



Final Details

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

If yes, list below

When did you leave?

What prompted your move?

Do you intend to move back to Michigan? If yes, when? No

If yes, when?



Final Details

Is there anything else you would like us to know?

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 (MM/DD/YYYY)

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 (MM/DD/YYYY)

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.

Michigan Department of State



Substance Use Evaluation

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

Contact Information

Certification of Evaluator:

Evaluator's name

Qualifications/Degrees

Phone number (xxx-xxx-xxxx)

Program name

Program license number

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

Applicant's name (First, Middle, Last)

Date of birth (MM/DD/YYYY)

Applicant's phone number
(xxx-xxx-xxxx)

Applicant's email

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 (MM/DD/YYYY)	Blood alcohol content or drug type
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



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>Every day, weekly, monthly</i>	Sponsor's name <i>If applicable</i>

Lifetime Abstinence History

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

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

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



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):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Early Full Remission | <input type="checkbox"/> Sustained Full Remission | <input type="checkbox"/> On Agonist Therapy | <input type="checkbox"/> Sustained Recovery |
| <input type="checkbox"/> Early Partial Remission | <input type="checkbox"/> Sustained Partial Remission | <input type="checkbox"/> In a Controlled Environment | <input type="checkbox"/> Non-Applicable |

Supporting facts for diagnosis

Diagnosis

Course specifiers (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Early Full Remission | <input type="checkbox"/> Sustained Full Remission | <input type="checkbox"/> On Agonist Therapy | <input type="checkbox"/> Sustained Recovery |
| <input type="checkbox"/> Early Partial Remission | <input type="checkbox"/> Sustained Partial Remission | <input type="checkbox"/> In a Controlled Environment | <input type="checkbox"/> Non-Applicable |

Supporting facts for diagnosis

Diagnosis

Course specifiers (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Early Full Remission | <input type="checkbox"/> Sustained Full Remission | <input type="checkbox"/> On Agonist Therapy | <input type="checkbox"/> Sustained Recovery |
| <input type="checkbox"/> Early Partial Remission | <input type="checkbox"/> Sustained Partial Remission | <input type="checkbox"/> In a Controlled Environment | <input type="checkbox"/> Non-Applicable |

Supporting facts for diagnosis

Diagnosis

Course specifiers (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Early Full Remission | <input type="checkbox"/> Sustained Full Remission | <input type="checkbox"/> On Agonist Therapy | <input type="checkbox"/> Sustained Recovery |
| <input type="checkbox"/> Early Partial Remission | <input type="checkbox"/> Sustained Partial Remission | <input type="checkbox"/> In a Controlled Environment | <input type="checkbox"/> Non-Applicable |

Supporting facts for diagnosis



Testing & Drug Screen

Testing Instruments

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

TEST 1

Testing instrument used	Interpretation of results
<input type="text"/>	<input type="text"/>

Score	How do the results of this test correlate with the DSM-IV or DSM-V diagnosis?
<input type="text"/>	<input type="text"/>

TEST 2

Testing instrument used	Interpretation of results
<input type="text"/>	<input type="text"/>

Score	How do the results of this test correlate with the DSM-IV or DSM-V diagnosis?
<input type="text"/>	<input type="text"/>

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 & Recommendations



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

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.

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Applicant's name

Applicant's signature

Date (MM/DD/YYYY)

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.

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Evaluator's name

Evaluator's signature

Date

Michigan Department of State



Community Support Letter

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 Send the guidance on page 2 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.**



Community Support Letter

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.