

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. **PLEASE KEEP COPIES OF ALL DOCUMENTS (INCLUDING THIS FORM) THAT YOU SUBMIT.**

SECTION 1 – CONTACT INFORMATION

A. Your Contact Information (Please print or write clearly)	
1. Full Name (From driver's license or state ID card): Lori Annette Garza	
2. Address: Street, City, State, ZIP Code: 508 Ponderosa Dr.	
3. Date of Birth: 04/19/1973	4. Michigan Driver's License/State ID Card Number: G620546067304
5. Telephone Number (8 a.m. – 5 p.m. Eastern time): 407-680-8926	
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?	
Change and job opportunity	
2. When did you leave Michigan?	
2003	
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.)	
Florida	
4. When did you become a permanent resident of your current state or country?	
4/2003	
5. Why are you applying for clearance of your Michigan license?	
To obtain a drivers license in my state to get to school, work and drs. appointments.	
6. Do you intend to re-establish residency in Michigan? (Select "Yes" or "No") YES _____ NO <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>		
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)
OUIL	6/26/1998	.13
OUIL	6/28/2001	.11

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)
Disturbing the Peace	8/2013	N/A
FTA	3/2006	N/A
Pos of paraphenalia	12/2005	N/A

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
OUIL	LANSING MI	6/28/2001	3/22/2002
Poss Of Paraphenalia	Cocon, FL	11/9/2006	1/25/2007

4. Describe your past drinking habits and controlled substance use in detail.		
Alcohol – What Kind of Alcohol	How Often	Amount Used
beer & liquor	daily	12-24 beers/ 5th
Controlled Substances – Type of Drug	How Often	Amount Used
Cocaine	daily	1gram

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

6. Last time you consumed alcohol.	6a. Name of alcohol consumed.	6b. Amount consumed.
11/9/2006	beer	6/7

7. Last time you used an illicit drug.	7a. Name of drug.	7b. Amount consumed.
11/9/2006	Crack Cocaine	1 or more grams

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

9. Please explain your intentions regarding your future use of alcohol or controlled substances.
I have no intentions at all in the future of using, I fully intend to maintain my sobriety as I have one day at a time.

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 <input checked="" type="checkbox"/> 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 (DIAP) may be required.

Name of Drug	Medical Condition	Medication Use: Start Date - End Date
Chantix	Quit Smoking	3/2016

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
Outpatient Group/Individual	1/1/2007	6/9/2007	FIS, Julie Meyers, Melbourne	Successful Remission

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
I do not remember exact dates, but attempted numerous	
throughout my life and failed. Prior 11/9/2006	

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
11/9/2006	Current

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
1988 and all years after	11/9/2006

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
AA	2006-2009	Brevard County	3x week	T. Dittenber	
NA	2006-2009	Brevard County	3xweek	T.Dittenber	

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
Hope and Help	2009-current	Osceola County, Fl		N/A	Group

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), pages 1 through 8 of this packet. 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), pages 9 and 10 of this packet. 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.

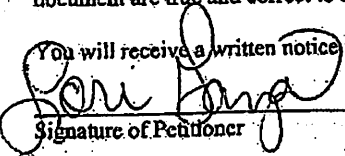
By signing and dating the Evidence Affidavit below, you are affirming that all evidence has been submitted and you are ready for the hearing to be scheduled.

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

6/23/2016

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

PLEASE KEEP COPIES OF ALL DOCUMENTS (INCLUDING THIS FORM) THAT YOU SUBMIT.

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) Lori Annette Garza		Date of Birth 04/19/1976	Driver's License Number G620546067304 MI G620546067304	
Street Address 508 Ponderosa Dr			Telephone Number (8 a.m. – 5 p.m.) (407)680-8926	
City Saint Cloud	State FL	ZIP Code 34769		

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)
OUIL	6/26/1998	.13	Pos Of Parafenella	12/2005	N/A
OUIL	6/28/2001	.11	FTA	3/2006	N/A
			Disturbing Peace	8/2013	N/A

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

[Signature]
6/23/2016

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
Outpatient (Individual & Group)	11/107-6/9/07	Fis, Chia Meyers, Melbourne	Success
Detox / Residential Treatment	1998		Success

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	Frequency	Type (e.g. AA/NA or Women for Sobriety)	Sponsor Yes or No?
2006-2009	3x/week	AA; NA	Yes
2009 - Current	As needed; less than mon	Hope & Help	N/A

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

Diagnoses: **303.90 Alcohol use disorder (Full Remission) 304.2 Low Grade Depression 304.2**
 Supporting facts for diagnostic impression:
met all DSM criteria for diagnosis w/ reference to substances

Course Specifiers (Check all that apply):

☐ Early Full Remission
 ☐ Sustained Full Remission
 ☐ On Agonist Therapy
 ☒ Sustained Recovery

Client called in Fri 6/24 @ 10:21am to provide correct number - SH

Cocaine Dependence (Full Remission)

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: <div style="font-size: 1.5em; margin-left: 20px;">MAST</div>	<div style="font-size: 1.5em;">42</div>	Indicative of alcoholism, however results are relative to lifetime time frame.	Consistent w/ past diagnosis
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: Negative test results from ^{all} screened substances (see attachment)

If you administered an ethyl-glucuronide 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
		No major periods of abstinence reported.

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):

Approximately 10 years sobriety; moderate physical health concerns (appropriately managed)

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

11/9/2006 Alcohol Crack Cocaine

(Including illicit drugs and addictive prescription medications)

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

☐ Professional Treatment ☐ Educational Course ☐ Community Support Group ☐ Other _____ ☒ None

(e.g. AA/NA, Women for Sobriety, SMART Recovery)

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

No Risk Factors / Concerns and/or Symptoms to be mitigated through further intervention

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) Trevor C. Davis	Qualifications/Degrees CDCA	Date 6-30-16
Evaluator's Signature [Signature]	Telephone Number 614-888-9200 ext. 101	
Program Name Directions Counseling Group	Program License Number #150427	
Address 6797 N. High St. #350	City Worthington	State OH ZIP Code 43085



NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
OF THE SAN FERNANDO VALLEY

6640 Van Nuys Blvd., Suite C
Van Nuys, CA 91405-4617
818-997-0414
FAX 818-997-0851
www.ncadd-sfv.org

Michigan Alcohol Screening Test

NOTE: This test can be [downloaded](#) in PDF format, but [Adobe Acrobat](#) is required.

The MAST Test is a simple, self scoring test that helps assess if you have a drinking problem. Please answer YES or NO to the following questions:

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

	YES	NO	Points
0. Do you enjoy drinking now and then?	<input type="checkbox"/>	<input type="checkbox"/>	
* 1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 2
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) 2
3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(1) 0
* 4. Can you stop drinking without a struggle after one or two drinks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 2
5. Do you ever feel guilty about your drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(1) 0
* 6. Do friends or relatives think you are a normal drinker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 2
* 7. Are you able to stop drinking when you want to?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 2
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(5) 5
9. Have you gotten into physical fights when drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(1) 1
10. Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) 2
11. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) 2
12. Have you ever lost friends because of your drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) 2
13. Have you ever gotten into trouble at work or school because of drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 0
14. Have you ever lost a job because of drinking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 0
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) 2
16. Do you drink before noon fairly often?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(1) 0
17. Have you ever been told you have liver trouble? Cirrhosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 0
** 18. After heavy drinking have you ever had Delirium Tremens (D.T.s) or severe shaking, or heard voices, or seen things that are really not there?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 2
19. Have you ever gone to anyone for help about your drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(5) 5
20. Have you ever been in a hospital because of drinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(5) 5

21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization? ☒ ☐ (2) 2
22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem? ☐ ☒ (2) 0
- *** 23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If YES, How many times? ☒ 2) ☒ ☐ (2) 4
- *** 24. Have you ever been arrested, or taken into custody even for a few hours, because of other drunk behavior? (If YES, How many times? ☒ 0) ☐ ☒ (2) 0
- * Alcoholic response is negative
- ** 5 points for Delirium Tremens
- *** 2 points for each arrest

SCORING

Add up the points for every question you answered with YES, for Q23 and Q24 multiply the number of times by points

- 0 - 3 No apparent problem
- 4 Early or middle problem drinker
- 5 or more Problem drinker (Alcoholic)

42

Programs using the above scoring system find it very sensitive at the five point level and it tends to find more people alcoholic than anticipated. However, it is a screening test and should be sensitive at its lower levels.

References

Selzer, M.L., *The Michigan Alcoholism Screening Test (MAST): The Quest for a New Diagnostic Instrument. American Journal of Psychiatry*, 3:176-181, 1971.

Selzer, M.L., Vinokur, A., and van Rooijen, L., *Self-Administered Short Version of the Michigan Alcoholism Screening Test (SMAST). Journal of Studies on Alcohol*, 36:117-126, 1975

Print Form

ADMINISTRATIVE OFFICE
6640 Van Nuys Blvd., Suite C
Van Nuys, CA 91405-4617
818 997-0414

SANTA CLARITA VALLEY
34460 Lyons Avenue
Santa Clarita, CA 91321-2347
661-253-9400

Trevor Davis

From: Management Info Services <mis@managementinfoservices.com>
Sent: Tuesday, June 28, 2016 11:48 AM
To: Trevor Davis
Subject: MIS Order #: 97079 - LORI A GARZA

MIS Order #: 97079 - LORI A GARZA	
Provider	Management Information Services http://www.managementinfoservices.com 866-647-3463
Client	MANAGEMENT INFORMATION SERVICES
Ordered By	MICHAEL HOFMANN
Entered By	Michael Hofmann
Number	97079
Status	Complete
Order Date	06/27/2016
App # or Control #	
Order Type	Drug Test
Applicant Information	
First Name	LORI
Middle Name	A
Last Name	GARZA
Address	
City	
State	
ZIP	34744
SSN	
DOB	XX/XX/1973
Drivers License Number	620521736390
Drivers License State	
Drug Test	
DRUG DETAIL REPORT	
PATIENT INFORMATION	
LORI GARZA	
PRIMARY ID: 620521736390	
SPECIMEN INFORMATION	
COLLECTION SITE:	
QUEST DIAGNOSTICS-KISSIMMEE EAST	
2314 E IRLO BRONSON HWY	
KISSIMMEE, FL 34744	
866-697-8378	
CLIENT INFORMATION	
REQUISITION:	6789023 15006853
ACCESSION NO:	581729W MANAGEMENT INFO SERVICES
COLLECTED:	6/27/2016 14:30 PO BOX 173184
RECEIVED:	6/28/2016 05:10 TAMPA, FL 33672
REPORTED:	6/28/2016 09:38
SPECIMEN ID:	QD01753622

REASON: OTHER -- OTHER

TESTS ORDERED: 35190N

INTEGRITY CHECKS

ACCEPTABLE RANGE

CREATININE	38.5 MG/DL	>/= 20 MG/DL
PH	6.9	4.5-8.9
OXIDIZING ADULTERANTS	NEGATIVE	

SUBSTANCE ABUSE PANEL

INITIAL	GC/MS CONFIRM
TEST LEVEL	TEST LEVEL

AMPHETAMINES	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	200 NG/ML
COCAINE METABOLITES	NEGATIVE	300 NG/ML	150 NG/ML
MARIJUANA METABOLITES	NEGATIVE	50 NG/ML	15 NG/ML
METHADONE	NEGATIVE	300 NG/ML	200 NG/ML
METHAQUALONE	NEGATIVE	300 NG/ML	200 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	200 NG/ML

CERTIFYING SCIENTIST: APMD04

SPECIMEN RECEIVED AND PROCESSED IN THE ATLANTA DHHS CERTIFIED LABORATORY

LAB: QUEST DIAGNOSTICS-ATLANTA (NIDA)
1777 MONTREAL CIRCLE
TUCKER GA 30084

ADDITIONAL COMMENTS:

TEST TYPE: OTHER MAPPED TO OTHR

Patricia A. Stelzriede, PsyD, LMHC

Mental Health Counseling Services

Washington Plaza - Suite 240/241

3880 S. Washington Avenue

Titusville, FL 32780

(321) 267-7773

(321) 267-7535

Date: 7-27-04

Re: Son's Range - Evaluation

1. Exam

2. Myers/Briggs Type Personality Test Summary.

The pt. was appropriate and on time for her appointment. Her mental status exam was good with normal limits. She was compliant and well motivated. She spoke with her mother and AA in the community - it was quite improved as to how she has turned her life around. Her Myers/Briggs Type Personality score to fit her personality quite well. She presented quite good. She was born in the "Fairy" soft. However, of course this score in the area of many ESFJ's score in the area of her mother with her (in) while looking most to living according to the world. They can become more involved in circumstances that causing a detached stress response if understood. Some were present in the past. Some are family are also important to her which of her life. She has brought the delightful young mother to her for the responsible place in life. She has now achieved place in life. I'd you have any further questions please feel free to contact me at the above.

Respectfully,
Patricia A. Stelzriede, PsyD, Dec, Acc, LMHC.

SUBSTANCE ABUSE EVALUATION
for submission to
MICHIGAN DEPARTMENT OF STATE

Client Name: <u>Lori Garza</u>	Driver License Number: <u>Q 56205463033 MI.</u>	Date of Birth: <u>4-19-73</u>
Client Mailing Address: <u>972 Garfield St Mellbourn, FLA 32935</u>	City: <u>Mellbourn</u>	State: <u>Florida</u>
		Zip Code: <u>32935</u>

Master Driving Record

Ask the client to disclose the history of OUIL/OUID/UBAL/OWIDrug Convictions on his/her driving record. (It is not necessary that a driving record be obtained)

Conviction Dates	Blood Alcohol Level or Drug Type, if known, at the time of arrest	Comments
6-28-01	.11	Court put both cases together and result was 1st offense DUI
approx 8 - 1998	.11	

Recommended Testing Instrument(s) (Indicate scores)

Recommended Testing Instrument(s) (include scores)		
SALCE-ADE	COMPASS	ESFJ STRONG SCORES EXCEPT F.
SASSI	MYERSBRIGGS ✓	
MACH	DRI	
Other (specify instrument & scores):		

Client Substance Abuse Treatment History (Specify dates, program, city and outcome of treatment) (Attach treatment plan and discharge report)

Residential/Inpatient:	1988 45 day, 1989 14 day relapse Program at 6 Lakes Tx Program, MI.
Detoxification:	Detox at both of the above (3 days ea.)
Intensive Outpatient:	
Outpatient/Counseling:	1 week outpt with 6 months x 1 per week Breakdown Testing
Do you administer random urinalysis?	Yes

Client Support Group History (Specify time period and frequency)

Time Period	Frequency	Type	Sponsor Y/N
SAT AM 10AM	X 1 per week	AA Women's Group	Steve, looking
Thurs 7PM	X 1 per week	AA open meeting	"Yas Toni"
Wed 7PM	X 1 per week	AA open meeting	"Toni"

Diagnostic Impression (DSM-IV) (Indicate clinical condition or problem and number of prior contacts and give facts supporting this diagnosis)

AXIS I: 303.90 alcohol Dependence (in Full remission)
 I: 300.4 Low grade depression
 AXIS II: V71.09 No Diag on this AXIS, AXIS III: Carpal Tunnel Syndrome AXIS IV: moderate (3)

(Over)

Client Prognosis (Probability for abstinence or disuse and reasons for this opinion and last time used)

See p. 2

DSM-IV cont. From page 1

Axis I cont. due to unable to "get around with family to do activities."

Client PROGNOSIS: Probability for abstinence is excellent as Pt. is sober in full Remission, engaged in Community AA.

Treatment Recommendation(s) (State reasons)

Recommendation: Pt to continue with her regular AA meeting and cont. close contact with her sponsor as well as continued 12-step work.

Relapse History

Pt. admits relapsing in 1989. She had periods of sobriety before that time and then would relapse - doesn't remember exact dates.

Analysis & Other Observations/Factors (Please complete)

The pt's depression (mostly during drinking) appears to be lifted at this time - mood is elevated and normal. Beck Depression Inventory indicates minimal depression (within normal limits). Objective information indicates pt. is functioning well at home as a parent, at work, as well as in the AA community - generalizing this positive behavior to the larger world.

AUTHORIZATION AND RELEASE

I authorize the Evaluator named below to furnish the information set forth on this form and to discuss the information contained therein with the Michigan Department of State. Give this form to client.

Client's Name (Printed or Typed)

Signature:

Date:

Lori A. Garza

Lori A. Garza

7/27/04

CERTIFICATION OF EVALUATOR

In signing below I certify that all statements contained in this evaluation are true to the best of my knowledge and belief.

Name (Printed or Typed): Patricia A. Stelzriede

Title: Psy.D.
Licensed Mental Health Counselor

Date: 7-27-04

Signature:

Patricia A. Stelzriede Psy.D., LMHC

Telephone Number:

(321) 267-7773

Program Name:

Patricia Stelzriede Psy.D., NCC, ACS, LMHC

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32780