A blue and white logo

Description automatically generated**JOURNIES INC.**

700 36th Street, Ste. 106

Grand Rapids, MI 49548

Phone: 616.774.7002

Fax: 616.774.7007

**Driver’s License Reinstatement Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | |  |  |
| **Client Name:** | Click/tap here to enter client’s name. | **Date of Birth:** | Click/tap here to enter client’s date of birth. |
| **Street Address:** | Click/tap here to enter client’s street address. | **Apt. Number:** | Click/tap here to enter client’s apartment number. |
| **City:** | Click/tap here to enter client’s city. | **State:** | Click/tap here to enter client’s state. |
| **Zip Code:** | Click/tap here to enter client’s zip code. |  |  |

|  |  |
| --- | --- |
| **Driver’s License Information** | |
| **Driver’s License Number:** | Click/tap here to enter driver’s license number. |
| **Date of Suspension / Revocation:** | Click/tap here to enter date. |
| **Reason for Suspension / Revocation:** | Click/tap here to enter reason. |

**Documents and Requirements Needed for Reinstatement Assessment:**

● Cost $325

● Proof of Identification (e.g., valid passport, MI photo ID and ID number)

● Driving Record

● 1 year sobriety minimum | No alcohol/drugs for 1 year

○ (including marijuana with or without medical marijuana card)

● Completion of probation/parole minimum 6 months prior to date of assessment

● Drug screen (provided at Journies Inc.)

By signing below, I acknowledge that I have 1) read and understood the information provided in this form; and 2) the information I have provided is accurate to the best of my knowledge. I agree to the requirements for the assessment.

**Client Signature:** **Date:**

REV: J.V. 1/2025