



State of New Jersey

DEPARTMENT OF HEALTH
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
INTOXICATED DRIVING PROGRAM
P.O. Box 365
TRENTON, NJ 08625

CHRIS CHRISTIE
Governor

CATHLEEN D. BENNETT
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE L. MIELKE, MSW
Assistant Commissioner

OUT-OF-STATE DRIVING UNDER THE INFLUENCE (DUI) OFFENDER REQUIREMENTS PACKET

You are required to satisfy the program requirements of the State of New Jersey Division of Mental Health and Addiction Services (DMHAS) Intoxicated Driving Program (IDP), based on municipal court information regarding your conviction for an alcohol or drug related motor vehicle or vessel offense.

You must fulfill **both** the DUI Education Program and Assessment Program requirements outlined on pages 2 and 3 within six (6) months of your conviction date. If treatment is clinically indicated or required, then New Jersey regulations require a minimum of sixteen (16) weeks with a minimum of one (1) session per week and each session shall be a minimum of one (1) hour. Treatment beyond the minimum sixteen (16) week requirement is determined as clinically indicated according to the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC). Please note that treatment is mandatory for all individuals convicted of three (3) or more lifetime DUI offenses. If you fail to complete these requirements in their entirety, a notice of non-compliance will be issued and forwarded to the original court of conviction and Motor Vehicle Commission (MVC). Non-compliance will result in license suspension until compliance with New Jersey's conviction requirements is achieved.

It is your responsibility to **bring this packet to the initial education appointment and initial assessment/treatment appointment** to ensure that your agency/counselor is able to provide the appropriate education, assessment/treatment and documentation required by the State of New Jersey upon completion of these requirements. The DMHAS IDP is not responsible if the final submitted documentation does not meet these requirements.

If you would like confirmation of the delivery of documents sent to the DMHAS IDP, please have the education and assessment/treatment agencies send the mail via United State Postal Service using **certified** postage.

Questions related to driver's license restoration can be directed to MVC at 609-292-7500. To obtain a copy of your lifetime New Jersey driving history, please call 609-292-6500 or visit <http://www.state.nj.us/mvc/Licenses/DriverHistory.htm>.

To obtain copies of court orders, summons, etc., contact your court of conviction. See <http://www.judiciary.state.nj.us/directory/munctadr.pdf>.

Questions or concerns regarding the education and assessment/treatment program requirements can be directed to the DMHAS IDP Call Center at 609-815-3100.



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REQUIREMENTS FOR OUT-OF-STATE RESIDENTS **REGARDING A DUI CONVICTION**

The education, assessment and treatment (if indicated) certificate of completion forms (pages 4-6 of this packet) must be completed and mailed by the provider agency to:

New Jersey Division of Mental Health and Addiction Services
Intoxicated Driving Program/Out-of-State Unit
PO Box 365, Trenton, NJ 08625

1) ATTEND YOUR STATE'S CERTIFIED DUI EDUCATION PROGRAM:

After education program attendance, the agency must mail the *DUI Education Program Certificate of Completion* (see Page 4) directly to the State of New Jersey DMHAS IDP. New Jersey does not accept online coursework unless it is certified and approved by your home state. For information regarding your state's certified DUI program, contact your state's DUI Authority.

AND

2) CONTACT A CLINICIAN/COUNSELOR LICENSED OR CERTIFIED IN YOUR STATE TO PROVIDE CLINICAL DRUG AND ALCOHOL ASSESSMENTS:

All offenders must schedule and participate in a comprehensive drug and alcohol in-person assessment conducted by a clinician/counselor licensed or certified in the state where the service is provided. New Jersey does not accept online assessments. Treatment recommendations must be made utilizing ASAM PPC guidelines. After the assessment, the agency must mail the *Addictions Assessment Certificate of Completion* (see Page 5) directly to the State of New Jersey DMHAS IDP.

Referrals to the appropriately licensed or certified clinician/counselor may be available by contacting your state DUI Authority. Please note: this counselor must be certified or licensed in the state to provide substance use disorder services. For information regarding your state's licensed substance use disorder treatment facilities that provide clinical drug and alcohol assessments with a licensed or credentialed counselor, please contact either your home state's DUI Authority or visit the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Treatment Facility Locator website at <http://findtreatment.samhsa.gov/>.

If treatment is clinically indicated or required to satisfy multiple offender requirements, compliance is not met until treatment is completed and reported to the DMHAS IDP on the *Addictions Treatment Certificate of Completion* form (see Page 6). New Jersey regulations require a minimum of sixteen (16) weeks with a minimum of one (1) session per week and each session shall be a minimum of one (1) hour. Treatment beyond the minimum sixteen (16) week requirement is determined as clinically indicated according to the ASAM PPC.



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IMPORTANT TREATMENT REQUIREMENTS DEPENDENT UPON LIFETIME DUI OFFENSES

A. ONE OR TWO LIFETIME DUI OFFENSES:

The following options apply only to individuals with one (1) or two (2) lifetime alcohol or drug related motor vehicle or vessel offenses:

1. **If the addictions assessment identifies that the client does NOT meet ASAM criteria for treatment**, the counselor is responsible to substantiate the client report through supporting information. The client self-reported assessment/interview information is not accepted as supporting documentation. Supporting information shall be family/employer interview or negative toxicology results. *Documentation regarding supporting information shall be maintained in the client record and NOT forwarded to the State of New Jersey DMHAS IDP.*
2. **If the addictions assessment identifies that treatment IS indicated**, the length of treatment shall be a minimum of sixteen (16) weeks with a minimum of one (1) session per week and each session shall be a minimum of one (1) hour. This can be in any combination of ASAM PPC levels of care. Treatment beyond the minimum sixteen (16) week requirement is clinically determined according to ASAM PPC.

B. THREE OR MORE DUI OFFENSES:

Individuals with three (3) or more lifetime alcohol or drug related motor vehicle or vessel offenses **must** participate in a treatment program. New Jersey regulations require a minimum of sixteen (16) weeks with a minimum of one (1) session per week and each session shall be a minimum of one (1) hour. Treatment beyond the minimum sixteen (16) week requirement is determined as clinically indicated according to ASAM PPC.

In **all** cases, the clinician/counselor must mail the *Addictions Assessment Certificate of Completion* form found on page 5 to the State of New Jersey. If treatment is indicated in A1 or required per B, upon treatment completion the agency must also mail the *Addictions Treatment Certificate of Completion* found on page 6.

New Jersey Division of Mental Health and Addiction Services
Intoxicated Driving Program/Out-of-State Unit
PO Box 365, Trenton, NJ 08625



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DUI EDUCATION PROGRAM CERTIFICATE OF COMPLETION

The following information must be mailed to the State of New Jersey DMHAS IDP by the DUI education agency upon completion of the client's education. This information must be legible and signed by the person providing the education. Incomplete or illegible forms will be returned. Refer to page 2 of the packet to ensure compliance with New Jersey requirements for education.

Client First Name Last Name Client Date of Birth

Client Legal Street Address City State Zip Code

Client Current Street Address City State Zip Code

Enrollment Date in Education Program Completion Date of Education Program Number of Hours Attended

Education provider statement: I acknowledge that the program is certified by the State of to provide education specific to DUI offenders and that the client identified above completed the state-certified program.

Agency Name

Agency Street Address City State Zip Code

State Certification Contact First Name Last Name Phone Number

State Certification ID or Approval Number to Provide DUI Offender Education:

Educator First Name Last Name

Educator Signature

Educator Email Address Phone Number



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ADDICTIONS ASSESSMENT CERTIFICATE OF COMPLETION

The following information must be mailed to the State of New Jersey DMHAS IDP by the addictions assessment agency upon completion of the client's addictions assessment. This information must be legible and signed by the person providing the addictions assessment. Incomplete or illegible forms will be returned. Refer to pages 2 and 3 of the packet to ensure compliance with New Jersey requirements for assessment.

Client First Name Last Name Client Date of Birth

Client Street Address City State Zip Code

Date of Addictions Assessment: / /

ASAM PPC Level of Care Recommendation Upon Assessment: 1) No Addictions Treatment Necessary OR 2) Level of Treatment Indicated

Counselor Statement: I acknowledge that I have conducted a comprehensive drug and alcohol assessment and that I am licensed or certified to provide substance abuse assessment services in this state. I have reviewed the appropriate identification to ensure the identity of the person I interviewed. I acknowledge that I have read the New Jersey Out-of-State DUI Offender Requirements Packet and understand the requirements.

Agency Name

Agency Street Address City State Zip Code

Counselor/Clinician First Name Last Name Credentials & License Number(s)

Counselor/Clinician Signature

Counselor/Clinician Email Address Phone Number



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ADDICTIONS TREATMENT CERTIFICATE OF COMPLETION

The following information must be mailed to the State of New Jersey DMHAS IDP by the addictions treatment agency upon completion of the client's treatment. This information must be legible and signed by the person providing the addictions treatment. Incomplete or illegible forms will be returned. Refer to pages 2 and 3 of the packet to ensure compliance with New Jersey requirements for treatment.

Client First Name Last Name Client Date of Birth

Client Street Address City State Zip Code

If treatment (Level 1 or higher) is indicated by the addictions assessment or required, the State of New Jersey requires that those convicted of a DUI MUST complete, at a minimum, sixteen (16) weeks, no less than one (1) hour per week sessions.

Has the client successfully completed the NJ State required number of sessions per week (16 weeks)? Yes ___ No ___

Enrollment Date in Treatment Program: ___/___/___ Discharge Date from Treatment Program: ___/___/___

Discharge status: ___Treatment Complete ___Refused, Dropped Out ___Discharge from Agency; Referral to Next Level of Care

Counselor Statement: I acknowledge that I am licensed or certified to provide substance abuse treatment services in this state. I have reviewed the appropriate identification to ensure the identity of the person I treated. I acknowledge that I have read the New Jersey Out-of-State DUI Offender Requirements Packet and understand the requirements.

Agency Name

Agency Street Address City State Zip Code

Counselor/Clinician First Name Last Name Credentials & License Number(s)

Counselor/Clinician Signature

Counselor/Clinician Email Address Phone Number