



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
INTOXICATED DRIVING PROGRAM
PO Box 365
TRENTON, NJ 08625

PHILIP D. MURPHY
Governor

CAROLE JOHNSON
Commissioner

SHEILA Y. OLIVER
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* and *Substance Use Disorder (SUD) Assessment* program requirements outlined on Pages 2 and 3 of this notice **within six (6) months of your conviction date**. Successful participation and completion of substance use disorder treatment is also required if it is indicated by your SUD Assessment. If you fail to complete these requirements in their entirety, a notice of non-compliance will be issued and forwarded to the court of conviction and the New Jersey Motor Vehicle Commission (MVC). Non-compliance will result in license suspension until compliance with your conviction requirements is achieved.

You MUST bring this complete packet to your initial DUI education appointment AND initial SUD Assessment/Treatment appointment to ensure that your agency and/or counselor is able to provide the appropriate required education, assessment/treatment and documentation required by the State of New Jersey upon completion of your requirements. The DMHAS IDP is not responsible for any submitted documentation that does not meet the indicated requirements.

If you would like confirmation of delivery for any documents sent to the DMHAS IDP, please have your DUI education and SUD Assessment/Treatment agency send their mail via United State Postal Service using certified postage or with delivery confirmation.

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.nj.gov/mvc/>.

To obtain copies of court orders, summons, etc., contact your court of conviction. See <https://njcourts.gov/public/mastercontact.html>.

Questions or concerns regarding the DUI education and SUD 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

**1) ATTEND YOUR STATE'S CERTIFIED DUI EDUCATION PROGRAM OR
A NEW JERSEY INTOXICATED DRIVER RESOURCE CENTER (IDRC):**

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.

To complete the program in New Jersey, contact the IDP at 609-815-3100 to request the telephone number for an IDRC. New Jersey IDRCs are available to accommodate both 12-hour and 48-hour conviction requirements.

AND

**2) COMPLETE A SUBSTANCE USE DISORDER ASSESSMENT AND ANY CLINICALLY
RECOMMENDED TREATMENT:**

All offenders **MUST** schedule and complete in an in-person comprehensive drug and alcohol assessment conducted by a clinician/counselor licensed or certified in your state to provide this service. Note: New Jersey **DOES NOT** accept online assessments. 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 an appropriately licensed or certified clinician/counselor may be available by contacting your state DUI Authority. Please note: your counselor must be certified or licensed in your 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, 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/>.

*The education, assessment and treatment (if required) 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



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IMPORTANT INFORMATION FOR TREATMENT PROVIDERS

All substance use disorder assessments must be conducted in accordance with ASAM standards and Levels of Care.

- A. **If treatment is clinically indicated according to ASAM PPC guidelines**, compliance is not met until treatment is successfully completed and reported to the DMHAS IDP. The treatment provider or agency must directly mail the *Substance Use Disorder Assessment Certificate of Completion* form found on Page 5 to the State of New Jersey following an individual's initial assessment. If treatment is clinically indicated, upon successful treatment completion the agency must mail the *Substance Use Disorder Treatment Certificate of Completion* found on Page 6 to the DMHAS IDP.
- B. **If the substance use disorder assessment identifies that the client does NOT meet ASAM criteria for treatment**, the counselor is responsible to substantiate the client report through supporting information. A client's 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.*

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

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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. 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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SUBSTANCE USE DISORDER 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. 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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SUBSTANCE USE DISORDER 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. 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

Has the client successfully completed a program of substance use disorder treatment? 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