



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

January 9, 2020

To Whom It May Concern:

If you have been convicted in the State of North Carolina of Driving While Impaired (DWI) or driving while less than 21 years old after consuming alcohol or other drugs, and you live outside of North Carolina, please review the following information. In accordance with NC General Statute 122C-142.1, a substance abuse assessment is mandatory and an intervention such as substance abuse education or treatment must be completed before you can get your driver's license back.

If you have completed a **substance abuse assessment** outside of North Carolina:

You must have the out-of-state substance abuse assessment reviewed and approved by an authorized North Carolina DWI provider. You must complete the recommended intervention either in your home state or in North Carolina by an authorized NC DWI provider.

If you have completed **substance abuse education or substance abuse treatment** outside of North Carolina: You must have the substance abuse education curriculum or documentation of your treatment reviewed and approved by an authorized North Carolina DWI provider. The provider will help you process this information, fill out a Certificate of Completion (508-R form) and send it in to the appropriate agencies for review to remove the "stop" on your driver's license. You will receive a copy of the Certificate of Completion for your records.

Please contact an authorized North Carolina DWI Service Provider from the list provided. You may also refer to the NC DWI Services web site at www.ncdwiservices.org to find out more about DWI Services in North Carolina.

Respectfully,

D. Jason Reynolds
DWI Services Program
Consultant Justice Systems
Innovations Team

Life Changes DWI Centers

P. O. Box 531

Danville, Virginia 543

800-776-3022

Fax: 866-364-6463

North Carolina DWI: Guidelines for out of state Offenders

*If you've been charged with DWI in North Carolina, you must work with an agency that's approved by North Carolina. **Life Changes is an approved agency and can help you fulfill North Carolina's legal requirements.***

1. Our fee is \$175.00 and is payable by a cashier's check or money order.
Payable to Life Changes, Inc. P.O. Box 531, Danville, VA 24543 . in the amount of \$175.00.
2. We are required by law to have copies of the following information in our file: (1.) your ticket, (2.) Breathalyzer results (3.) Arrest date (4.) Conviction date (5.) Docket (File) number. You may obtain this information from your attorney or the clerk of court in the county where you were charged with DWI. If this is an older offense, the court may not have the Breathalyzer results. **(6.) Send us a copy of your complete driving record from the state in which you are currently licensed and the intake sheet enclosed. I will need all this and your money in order to get started.**
3. You must then obtain an assessment from a certified substance abuse counselor or agency that provides DWI/DUI services in your state. You will need to give them a release so we can communicate with them. You will also need to give them the **discharge summary to send back to us upon completion.** You will need to complete the appropriate treatment in order to satisfy North Carolina's legal requirements, we will use that treatment. **You will have to complete a DWI program to satisfy the state of NC. Online programs are not accepted.**
4. When we send the required 508 form to the North Carolina DMV, we will need to indicate your customer number. If you received a letter from North Carolina, the letter should indicate your customer number or you may call NC DMV at 919-715-7000 to obtain the customer #. The number on your driver's license is not sufficient for this purpose unless you originally had a NC license.
5. North Carolina will require you to pay any other fees or fines plus reinstatement fee. You should call the DMV at 919-715-7000 and talk with an operator to find out how to pay that fee and the cost.
6. After we send in the 508 form, it will take 1 week for the form to be processed by North Carolina. We send it to DWI Services before it is sent to DMV. You can call the DMV at 919-715-7000 to check the status of your driver's license. Follow the instructions in the recorded menu; you will need to enter your customer number and birth date. When the recording does not state that you need an assessment, the 508 form has been processed.

I hope that this information is helpful and will help you to fulfill your obligation to North Carolina. If you have any other questions, you may want to go to the DWI website that explains this information. The site is **www.ncdwiservices.org**.

Gene P. Smith LCAS CCS
Executive Director

Life Changes Intake Sheet

Date _____ / _____ / _____ Fax # and/or email: _____

Name _____ SS# _____

Address _____ City _____

State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____

DOB: _____ Arrest County: _____ BAC _____ Blood work _____

Accident _____

Gender:

- 01 Male
- 02 Female

Race (all that apply):

- 01 American Indian/Alaska Native
- 02 Asian
- 03 Black or African American
- 04 Native Hawaiian or other Pacific Islander
- 05 White
- 06 Unreported

Ethnicity (choose 1):

- 01 Hispanic Puerto Rican
- 02 Hispanic Mexican American
- 03 Hispanic Cuban
- 04 Hispanic Other
- 05 Unreported
- 06 Not Hispanic or Latino

Language Preference:

- 01 English
- 02 Spanish
- 03 OTHER _____

Marital Status (choose 1):

- 01 Never married
- 02 Now Married
- 03 Divorced
- 04 Separated
- 05 Widowed

Education Completed (choose 1):

- 01 Less than 6th grade
- 02 Less than 9th grade
- 03 Less than 12th grade
- 04 Completed HS/GED
- 05 Some college
- 06 Bachelor
- 07 Graduate Degree or higher

Employment Status:

- 01 Fulltime (working 35 hours or more per week)
- 02 Parttime (Working < 35 hours per week)
- 03 Unemployed (Looking for work during past 30 days)
- 04 Not in the labor force

Health Insurance:

- 01 Private Insurance
- 02 Blue Cross
- 03 Medicare
- 04 Medicaid
- 05 Health Choice for Children
- 06 Health Maintenance Organization
- 07 other (e.g. TRICARE, CHAMPUS)
- 08 None

Number of Prior DWI Convictions _____ Special Needs _____

LEGAL HISTORY

Prior convictions & dates _____

Pending charges _____ Previous DWI's _____ Court date _____

County of Offense: _____ BAC: _____

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
CRIMINAL JUSTICE SYSTEM REFERRAL 42 CFR Part 2 and HIPAA**

_____, authorize Life Changes Counseling to disclose to one another:
[Patient's Name] *[Name or general designation of individual or entity making the disclosure]*

Initial all that apply: NC Department of Community Corrections (PO): _____

NC DMV NC Division of MH/DD/SAS _____
[Name of the Criminal Defense Attorney]

_____ _____ _____
[Name of the appropriate court] *[Name of the prosecuting District Attorney]* *[- Other -]*

the following information (nature and amount of the information as limited as possible):

___ My diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and _

___ Reinstatement of my NC driving privilege _____

[describe how much/what kind of information may be disclosed, including & explicit description of what substance use disorder information may be disclosed; as limited as possible]

For the purpose of _____
[describe the purpose of the disclosure; as specific as possible]

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

[describe date/event/ condition upon which consent will expire; must be no longer than reasonably necessary to serve the purpose of this consent]

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____
Signature of Patient

Dated: _____
Signature of person signing form if not patient

Describe authority to sign on behalf of patient

Dated: _____
Witness/Staff Signature

Notice prohibiting re-disclosure of Substance Use Disorder Information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §2.12(c)(5) and §2.65.

Life Changes Discharge Summary

Client's Name: _____ # of Hours in program: _____

Beginning Date: ___/___/___ Discharge/Termination Date: ___/___/___

Admitting Diagnosis: _____ Discharge diagnosis: _____

Client successfully completed the entire recommended program? Yes No Hours Completed: _____

Nature of Discharge: Completed program ___ Withdrew from program ___ Transfer ___

Client's Participation was:

___ Verbal with personalization ___ Verbal with self-exclusion ___ Limited ___ Non-active

Factors limiting client's participation:

___ Education ___ Physical ___ None ___ Emotional ___ Other (Please specify) _____

Any alcohol or Drug Screen Results _____

How would you describe client's attitude:

Initially?

___ Confused
___ Refusal to accept limitations
___ Unwilling to be there
___ Unsatisfactory
___ Satisfactory

Finally?

___ Positive
___ Somewhat motivated; cooperative
___ Barely complying
___ Negative (Non-complaint)
___ Satisfactory

Has the client indicated changes in his/her drinking/drug patterns since first starting in the group? Yes no

Do you believe client understood and absorbed the basic information taught?

___ Yes ___ No ___ Only partially

Overall progress evaluation at end of treatment:

___ Very good ___ Good ___ Poor ___ Fair ___ None

Services Summary: _____

Follow-up plan/Recommendations/Referrals: _____

Counselor

_____/_____/_____
Date

Checklist

1. _____ Your Breathalyzer results are required if 5 Years old or less- (You can find out by calling the clerk of court from the county of the offense)
2. _____ NC driving record (can be gotten from NC DMV)** Release form attached
3. _____ Current complete driving record from your licensed state
4. _____ Complete a DUI/DWI assessment & program in your state. No online programs are accepted and you must complete a minimum of an educational program, a NC State requirement even with no diagnosis .
5. _____ \$175.00 Money order made out to
Life Changes, Inc.
P.O. Box 531
Danville, VA 24543
6. _____ Pay the NC DMV reinstatement fee and all fines
7. _____ The NC DMV # is 919-715-7000 and you can order your driving record from them (form is attached). You can also find out about paying your reinstatement fee and any other fines that need to be paid.
8. _____ Complete all paperwork. Intake sheet, release of information and have the counselor fill out and send or fax the discharge summary.



NORTH CAROLINA DIVISION OF MOTOR VEHICLES DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

Your signature (MUST BE

SIGNED) Your N.C. driver license (customer) # , SSN or ITIN & date of birth

Date signed

Person to receive information:

Life Changes Counseling

Mailing address: P.O. Box 531, Danville, VA 24543

Fees: Uncertified complete history \$10.75

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV". Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699, please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.

Form DL-DPPA-2, Revised January 2016 Previous editions are obsolete, DO NOT USE

You must call NC DMV at 919-715-7000 and get your customer # which is the same as a driver license # and fill that in above