



**State of New Jersey**  
**STATE OF NEW JERSEY**

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
INTOXICATED DRIVING PROGRAM  
PO BOX 365  
TRENTON, N.J. 08625-0365

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

LYNN A. KOVICH  
*Assistant Commissioner*

**Requirements for Out-of-State Residents**  
**Regarding a DUI Conviction**

*Both education and treatment forms (attached) must be completed and mailed by the provider agency to the Division of Mental Health and Addiction Services:*

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 attendance the agency must mail the notice of completion (see attached *Education Completion Form*) directly to the State of New Jersey Division of Mental Health and Addiction Services Intoxicated Driving Program. 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 the agency listed at the end of this notice:

***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 was provided. New Jersey does not accept online assessments. Treatment recommendations must be made utilizing guidelines of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC). If treatment is recommended, compliance is not met until treatment completion is reported (see attached *Treatment Completion Form OS*).

Referrals to the appropriately licensed or certified clinician/counselor may be available by contacting your state agency indicated on the contact reference page. Please note: this counselor must be certified/or licensed in the state to provide substance abuse services. For information regarding your state's licensed substance abuse facilities that provide clinical drug and alcohol assessments with a licensed or credentialed counselor, please contact either your home state's program listed above or visit the website Substance Abuse Treatment Facility Locator: <http://findtreatment.samhsa.gov/>



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**IMPORTANT TREATMENT REQUIREMENTS**

**- THREE OR MORE DUI OFFENSES:**

Individuals with three or more life-time alcohol or drug related motor vehicle or vessel offenses must participate in a treatment program. NJ State Regulations require a minimum of sixteen weeks (minimum of one session per week, minimum of one hour per session) of substance abuse treatment. Treatment beyond the minimum sixteen week requirement is determined as clinically indicated according to ASAM PPC.

**- ONE OR TWO LIFETIME OFFENSES:**

The following options apply only to individuals with one or two life-time alcohol or drug related motor vehicle or vessel offenses:

- If treatment is indicated the length of stay shall be a minimum of sixteen (16) weeks, minimum one session per week and each session shall be a minimum of one hour. This can be in any combination of ASAM PPC levels of care. Treatment beyond the minimum sixteen week requirement is clinically determined according to ASAM Patient Placement Criteria.

- If a counselor 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.

In all cases, the clinician/counselor must mail the appropriate attachment to the State of New Jersey:

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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**CERTIFICATE OF COMPLETION**  
**Driving Under the Influence Education Program**

The following information must be reported upon completion of the Education Program to the State of New Jersey Intoxicated Driving Program. This information must be legible and signed by the person providing the education.

NOTE: New Jersey does not accept "online" coursework for DUI offenders unless that coursework is certified and accepted by the home state for those with a DUI conviction. Education provider must provide documentation of this certification to the offender prior to the coursework and include it with the required documentation sent to New Jersey.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

State Certification ID or Approval Number to provide DUI offender education: \_\_\_\_\_

State Certification Contact Name and Number: \_\_\_\_\_

Client Full Name: \_\_\_\_\_ Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Legal Address: \_\_\_\_\_

Client Current Address: \_\_\_\_\_

Date of enrollment in Education Program: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

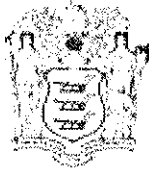
Number of hours attended: \_\_\_\_\_

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

Educator Signature: \_\_\_\_\_

Educator Name (Please Print): \_\_\_\_\_

Educator Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



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CERTIFICATE OF TREATMENT COMPLETION

THE FOLLOWING INFORMATION MUST BE COMPLETED AND MAILED BY THE TREATMENT/ASSESSMENT AGENCY UPON CLIENT COMPLETION OF TREATMENT. PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE ALL FIELDS; incomplete or illegible forms will be returned. Refer to the attached letter, Section Two, to ensure compliance with New Jersey Requirements for treatment.

Agency Name Phone Number

Agency Address

Client Full Name Client Date of Birth / /

Client Address

Date of Assessment / / ASAM Patient Placement criteria level of care at admission: Level

If treatment (Level 1 or higher) is indicated, 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 session (16)? Yes No

- Discharge status: treatment complete
refused, dropped out
discharge from agency; referral to next level of care
no treatment indicated
If ASAM PPC indicates no treatment indicated at initial assessment (client request) the following was utilized to substantiate the assessment outcome:
toxicology test with negative report
family or employee interview

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 treatment 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 attached New Jersey Requirements for Out of State DUI Offenders and understand the requirements.

Counselor/Clinician signature

Counselor/Clinician Name (please print clearly)

Counselor/Clinician credentials (include STATE license/certification number)

Email Phone Number