

# Out of State DWI Transfer Packet



Details of Transfer Packet by page:

- Page 1: Transfer Packet Cover Page: Follow the instructions on this page.
- Page 2: Client Information: Complete this page and return to Court Services Dept. at Anuvia
- Page 3: Outline of Minimum Requirements for those convicted of DWI in NC: To be given to counselor.
- Page 4: Services Completion Form: To be completed by counselor.
- Page 5: Authorization for Release/Exchange of Information: Complete this form by filling in your name and the name, address and phone number of the agency or counselor providing your assessment/educational/treatment services so that we may contact them.
- Page 6: Authorization for Release/Exchange of Information: Complete this form ONLY if someone other than you will be calling us about your case (for example, your spouse or parent).
- Page 7: DWI Providers Association Release: Print your name and date of birth at the top of the page. Your initials are required in the blanks marked with an asterisk (\*) beside them as well as your signature and date at the bottom of the form. This authorization form allows us to send your paperwork to the NC DMV.
- Page 8: Authorization for Requesting your NC Driving Record: Print your name, NC Driver License Number, Social Security Number as well as sign and date this form. **RETURN THIS FORM TO ANUVIA.** We will request the record for you.
- Page 9: Request for Status Report (MVR): Complete this form and mail to NC DMV with fee (\$130 per NC DWI conviction).
- Page 10: Transfer Packet Checklist: Use this checklist to ensure that you have completed all steps required for successful submission of your paperwork to NC DMV.

Comments:

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**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

# Client Information



Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Race: ( ) African American/Black ( ) American Indian ( ) Asian ( ) Caucasian/White ( ) Other \_\_\_\_\_

Ethnicity: ( ) Latino or Hispanic ( ) Non-Latino

Language Preference: ( ) English ( ) Spanish ( ) Russian ( ) French ( ) Italian ( ) German ( ) Arabic ( ) Greek ( ) Vietnamese ( ) Chinese ( ) Laotian ( ) Japanese ( ) Korean ( ) Other \_\_\_\_\_

Marital Status: ( ) Never Married ( ) Now Married ( ) Separated ( ) Divorced ( ) Widowed

Education Completed: ( ) less than 6<sup>th</sup> grade ( ) less than 9<sup>th</sup> grade ( ) less than 12<sup>th</sup> grade ( ) completed HS/GED ( ) Some College ( ) Bachelor's Degree ( ) Graduate Degree or higher

Employment Status: ( ) Full-time ( ) Part-time ( ) Unemployed ( ) Student ( ) Retired ( ) Disabled

Living Arrangement: ( ) Alone ( ) Spouse/partner ( ) Parents ( ) Adult relative, non-parent ( ) Roommate ( ) Child ( ) Nursing Home ( ) Group Home ( ) Homeless

Medical Insurance: ( ) Yes ( ) No If yes, Name of Insurance Company: \_\_\_\_\_

Have you ever had a NC driver's license? ( ) Yes ( ) No

NC Customer # or NC Driver's License #: \_\_\_\_\_

**\*\*If you do not know your NC license or customer #, please call the NC DMV @ 919-715-7000 to obtain this number and report this number to us as soon as possible.\*\***

How many DWI and/or Consuming Underage Convictions have you had in your lifetime? \_\_\_\_\_

If you have any of the following information, please complete:

NC County where offense occurred: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ BAC (Blood Alcohol Content or Breathalyzer reading) \_\_\_\_\_

**Please return this completed form to Court Services Department at Anuvia via mail or fax to (704)-376-4570. You may also provide this information via phone. 704-927-8840**

## Outline of Minimum Requirements for those convicted of DWI in NC



Persons convicted of DWI in the state of North Carolina are required by court order to submit to a clinical assessment for substance use disorders. The following outline below lists the NC minimum requirements for educational and treatment programs that are recommended by assessors. **The client must begin the recommended program within 6 months of the date of the assessment.** Otherwise, the assessment will be considered expired and a new assessment will be required per NC DWI Services Office policy. As a result of this client being a resident of your state, the referral is being transferred to your state for compliance with court order.

**DWI Education (Alcohol & Drug Education Traffic School)** can be recommended if:

- No more than one DUI/DWI conviction in client's lifetime.
- BAC at time of DWI arrest did not exceed 0.14.
- Client did not refuse breath test.
- Client does not meet DSM-V diagnostic criteria for a Substance Use Disorder.
- Program must be a minimum of 16 face-to-face contact hours and cannot be completed in less than 4 sessions.

**Short Term Treatment** can be recommended if:

- Client has one or more DUI/DWIs in his or her lifetime.
- Client refused breath test.
- BAC at time of DWI arrest was 0.15 or higher.
- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Mild.
- Client meets ASAM program placement criteria for Level One services.
- Program must be a minimum of 20 face-to-face contact hours and cannot be completed in less than 30 days.

**Longer Term Treatment** can be recommended if:

- Client meets DSM-V diagnostic criteria for Substance Use Disorder, Moderate.
- Client meets ASAM program placement criteria for Level One services.
- Program must be a minimum of 40 face-to-face contact hours and cannot be completed in less than 60 days.

**Intensive Outpatient Treatment** can be recommended if:

- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Moderate to Severe.
- Client meets ASAM program placement criteria for Level Two services.
- Program must be a minimum of 90 face-to-face contact hours and cannot be completed in less than 90 days.
- Additionally, the IOP program should include at least 3 sessions per week that total 9 hours per week.

**Inpatient/Residential Treatment** can be recommended if:

- Client meets DSM-V diagnostic criteria for a Substance Use Disorder, Severe.
- Client meets ASAM program placement criteria for Level Three or Level Four services.
- Upon discharge from inpatient treatment, the client must enroll in an approved continuing care outpatient program to meet the required minimum 90 day time frame.

**If you have any questions, please call the Court Services Department at Anuvia.**

**Phone: 704-927-8840 Fax: 704-376-4570**



## Proof of Completion of Assessment and DWI Education or Treatment

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

Hours of **Assessment**: \_\_\_\_ Date of **Assessment**: \_\_\_\_\_ Facility or Counselor Name: \_\_\_\_\_

DSM-V **Diagnosis**: \_\_\_\_\_ **Recommendation**: \_\_\_\_\_

*\*(Please note: Recommended DWI education or treatment must be started within 6 months of the assessment date.)*

Hours of **DUI/DWI Education/Instruction**: \_\_\_\_\_ **Start Date**: \_\_\_\_\_ **End Date**: \_\_\_\_\_

**Counselor or Facility**: \_\_\_\_\_

Hours of **Individual Counseling**: \_\_\_\_\_ **Start Date**: \_\_\_\_\_ **End Date**: \_\_\_\_\_

**Counselor or Facility**: \_\_\_\_\_

Hours of **Outpatient Group Counseling**: \_\_\_\_\_ **Start Date**: \_\_\_\_\_ **End Date**: \_\_\_\_\_

**Counselor or Facility**: \_\_\_\_\_

Hours of: \_\_\_\_\_ **Start Date**: \_\_\_\_\_ **End Date**: \_\_\_\_\_  
(Please specify other services)

**Counselor or Facility**: \_\_\_\_\_

**\*\*Please include discharge summary or certificate of completion for program completed.\*\***

A Certified Addictions Counselor, Licensed Professional, or State Approved DUI/DWI Evaluator (not instructor) must complete this form. Individuals trained as a DUI/DWI Instructors or other office personnel are not authorized to complete this form. This is to certify that the individual referenced above has completed services as outlined above in accordance with a clinical assessment and the requirements for successful completion of the licensed facility, during which time an acceptable DUI Risk Profile was demonstrated. Every reasonable effort will be made to ensure that the public's safety and the welfare of the individual will not be appreciably endangered by the reinstatement of driving privileges.

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Signature of Person Completing Form	Print Name	Date
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I further certify that I possess state and/or national certification, licensure, and/or other state credentials to provide assessment, diagnosis and referral services.

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Licensure/Certification (Please list in full i.e., National Addiction Counselor)	Personal certificate Number (not program or agency #)	Expiration Date
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Agency Address	Phone Number
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**This form is to be completed by your program counselor and returned to Court Services at Anuvia.**

# AUTHORIZATION FOR THE RELEASE/ EXCHANGE OF INFORMATION



Client Name \_\_\_\_\_

Client # \_\_\_\_\_

Person/Agency/Facility releasing/exchanging information:  
(Include name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, voluntarily authorize and request the release/exchange (including paper, oral, and facsimile interchange) of the specified information between Anuvia and the above-named person/agency/facility.

This data shall include All of my substance use disorder records to include: Assessment, Diagnosis information, Results of urinalysis and breathalyzer readings, status and progress, attendance and compliance with treatment plan, prognosis, prescribed medications, medication compliance, recommendations, aftercare plan and referrals, and/or AIDS (acquired immune deficiency syndrome), AIDS related complex (ARC) HIV antibody testing/admission/discharge summary, mental health conditions, medical conditions.

The purpose of the disclosure authorized in this is to Provide information and Coordinate Services.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 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 pursuant to 42, C.F.R. Part 2, I have the right to receive a list of entities to which my patient identifying Part 2 information has been disclosed. I also understand that I may revoke this consent in writing at any time except to the extent that reliance has been taken upon it (information that was released prior to this consent being revoked cannot be unrevealed). This consent expires automatically 365 days from the date of signature below, or at an earlier date or event specified:

I understand that Anuvia may not condition my treatment on whether I sign a consent form.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

# AUTHORIZATION FOR THE RELEASE/ EXCHANGE OF INFORMATION



Client Name \_\_\_\_\_

Client # \_\_\_\_\_

Person/Agency/Facility releasing/exchanging information:  
(Include name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, voluntarily authorize and request the release/exchange (including paper, oral, and facsimile interchange) of the specified information between Anuvia and the above-named person/agency/facility.

This data shall include All of my substance use disorder records to include: Assessment, Diagnosis information, Results of urinalysis and breathalyzer readings, status and progress, attendance and compliance with treatment plan, prognosis, prescribed medications, medication compliance, recommendations, aftercare plan and referrals, and/or AIDS (acquired immune deficiency syndrome), AIDS related complex (ARC) HIV antibody testing/admission/discharge summary, mental health conditions, medical conditions.

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I understand that Anuvia may not condition my treatment on whether I sign a consent form.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

# MECKLENBURG COUNTY DWI PROVIDERS ASSOCIATION RELEASE/EXCHANGE CONFIDENTIAL



Client Name \_\_\_\_\_ Client DOB \_\_\_\_\_

By my signature below, I voluntarily authorize and request **Anuvia** to release and exchange information specified below (including paper, oral, and facsimile interchange) with the following parties:

- \* \_\_\_\_\_ North Carolina Department of Mental Health, Developmental Disabilities and Substance Abuse Services
- \* \_\_\_\_\_ North Carolina Division of Motor Vehicles
- \_\_\_\_\_ North Carolina Department of Community Correction (Probation/Parole):
- \_\_\_\_\_ Court of Jurisdiction:
- \_\_\_\_\_ My Attorney Office of Record, as an Officer of the Court:
- \_\_\_\_\_ North Carolina DWI Assessment Agency:

\* \_\_\_\_\_ (client's initials) Information to be released / exchanged shall include the results of the substance abuse clinical assessment; prior conviction and/or treatment; completion / non-completion of program recommended by this assessment; issues related to compliance with program rules; progress while in treatment; recommendations for continuing care; DSM diagnosis, assessment summary, BAC, Lab/UA results, and the Form 508R. Client should initial on the line provided.

I understand that this information will only be used in compliance with G.S. 20-17(m), 1987 Chapter 797, Senate Bill 508, as amended. I understand that verification of my compliance with the assessment, treatment, or education called for is necessary for my driver's license to be reinstated, and to comply with a court judgment, if so ordered by the presiding judge. In addition, this information is reported for the purpose of tracking, DWI intervention, and compliance.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 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 42 C.F.R. Part 2 prohibits re-disclosure of my records to a third party without my written consent.

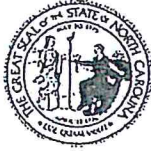
I also understand that I may revoke this consent in writing at any time except to the extent that reliance has been taken upon it (information that was released prior to this consent being revoked cannot be unrevealed). This consent expires automatically 365 days from the date of signature below, or at an earlier date or event specified:

Client Signature (Full Legal Name) \_\_\_\_\_ Date \_\_\_\_\_

Legal Appointed Representative \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of a person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



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 number, SSN or ITIN & date of birth Date signed

Person to receive information: ANUVIA

Mailing address: 100 BILLINGSLEY RD. CHARLOTTE NC 28211

Fees: Certified Complete History - \$14.00 Uncertified Complete History - \$10.00 Uncertified Limited History - \$10.00

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 27697-3113, 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 May 2018  
Previous editions are obsolete, DO NOT USE

**PLEASE COMPLETE AND RETURN THIS FORM TO ANUVIA. DO NOT MAIL TO DMV. THE \$10 FEE FOR THE RECORD IS INCLUDED IN THE \$160 PROCESSING FEE THAT YOU PAY TO ANUVIA.**



## REQUEST FOR STATUS REPORT (MVR)

NCDMV  
Attention: Fiscal Unit  
P.O. Box 29615  
Raleigh, NC 27626-0615

Dear Sir:

Enclosed is my \$130.00 restoration fee. Please send me a status report (MVR) so that I can get my driver's license in \_\_\_\_\_.  
(State you live in)

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
NC Driver's License # or Customer #

=====  
**Instructions:** Mail this form to the NCDMV at the above address along with your DWI restoration fee of \$130 per NC DWI. We recommend that you make your payment in the form of a money order and that you include your NC customer #/NC Driver's License # on the money order.

**DO NOT RETURN THIS FORM TO ANUVIA.**

## FINAL CHECKLIST



- Have the agency/counselor conducting your assessment contact our Court Services Department at 704-927-8840 **before** making a recommendation.
- Pay \$160 transfer fee to Anuvia.** (Please note: \$160 for each additional DWI) Payment can be made in the form of Money Order, Certified Check, or you may pay by phone via Credit/Debit card. Make money order or certified check payable to Anuvia. Payment plans available upon request. Please note that once services are rendered, no refunds will be issued.
- Pages 5,6,7,8** must be filled out completely and correctly. These forms allow us to communicate with all agencies and persons necessary to submit your paperwork to the State of North Carolina.
- Page 4** must be completed by your counselor, notarized and sent to the Court Services Department at Anuvia. This form serves as proof that you submitted to a clinical assessment and completed the recommended program within the required time frame. Submit this form AFTER all services have been completed.
- Driving record** from your current state of residence. Mail or fax this driving record to the Court Services Department at Anuvia.
- Call NC DMV at 919-715-7000 to **obtain your NC Customer #** and provide this number to Court Services Department at Anuvia if you have not already done so.

If you have any questions,  
please do not hesitate to call us at 704-927-8840.