



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES

Jim Justice
Governor

Bureau for Behavioral Health and Health Facilities
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OUT-OF-STATE DUI EDUCATION AND TREATMENT VERIFICATION

PLEASE PRINT OR TYPE RESPONSES.

A fillable form is available for download on our website: DHHR.WV.GOV/BHFF

West Virginia law requires that individuals cited for operating a motor vehicle while under the influence of alcohol or drugs complete drinking driver education and a substance abuse evaluation.
In order for the state of West Virginia to release the hold placed on your driving record, you will need to submit proof that you have completed the education and evaluation. Complete this form and return all documentation noted below. There is an administrative fee of \$125 that must be submitted. Payment in the form of a cashier's check or money order should be made out to BBHFF - DADA - DUI Unit. We are unable to accept cash, personal checks, or credit/debit cards.

DUI OFFENDER INFORMATION

Name: (LAST NAME) (FIRST NAME) (MI) Date of Birth: (MM/DD/YYYY)
Telephone: Social Security Number:
Address: WVDMV # (if known):
City: State: Zip Code:
E-mail*:

* If you would like to receive an e-mail confirmation that we have received your information, please provide us with your e-mail address. If you do not have an e-mail address, you may call our office for confirmation 1-877-215-2522.

DUI Requirements

The State of West Virginia requires that DUI offenders complete a substance abuse evaluation and 18 hours of driver under the influence education. If you are not a resident of West Virginia, you may complete your evaluation and driver under the influence education in the State you currently reside. Anyone completing driver under the influence education outside of West Virginia must successfully complete the education hours required by the residing State's DUI Offender Laws and/or Standards.

You will need to submit a certificate or letter of completion from the education program which clearly specifies the name of the agency providing the education and its location, the number of course hours, and the date the course was completed. A minimum of 12 hours of classroom education is required. This can include but is not limited to individual and/or group counseling sessions, treatment, and/or Victim Impact Panel participation. On-line courses are NOT accepted.

You will also need to provide documentation of a substance abuse evaluation/assessment which clearly specifies the date of the evaluation, the evaluator's recommendations, and the name and signature of the evaluator, the agency's name, location and telephone number. If the evaluation recommends treatment, a letter or certificate of completion for the treatment must be submitted which clearly specifies the name of the agency providing the treatment and its location, the number of hours of treatment, and the date the treatment was completed.

FOR OFFICE USE ONLY
Education Class Date
Payment Received
Evaluation
Treatment Y N Completion Date

DUI OFFENDER EDUCATION

Driver Under the Influence Classroom Education – *Submit a letter or certificate of completion*

Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Counseling Sessions (Individual and/or Group sessions) – *Submit a letter or certificate of completion*

Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Victim Impact Panel – *Submit a letter or certificate of completion*

Location: _____ Date of Participation: _____

DUI OFFENDER EVALUATION/TREATMENT

This portion of the form is to be used by licensed substance abuse evaluators/treatment providers to document the results of a substance abuse evaluation/treatment. The state of West Virginia reserves the right to not accept this form as proof of a substance abuse evaluation/treatment if it is not complete or contains false or misleading information. If you have questions regarding this form, you may call 1-877-215-2522 for assistance.

- This form is being submitted to document:
- Substance Abuse Evaluation Only (complete Sections A, B, & D)
 - Substance Abuse Treatment Only (complete Sections C & D)
 - Substance Abuse Evaluation & Treatment (complete all Sections)

Section A: Substance Abuse Evaluator Information

Name of Facility	Name of Evaluator
Address	Telephone Number
City	State
	Zip Code

Is Facility and/or Evaluator a Licensed Substance Abuse Treatment Provider? Yes No

If yes, provide the following:

Licensing Agency	License #	License valid until
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Section B: Substance Abuse Evaluation

Date of Substance Abuse Evaluation: _____

What diagnostic tools were used for the evaluation (MAST, SASSI, etc.)?

(Section B continues on next page)

Based on the evaluation, what recommendations did the Evaluator provide to the driver?

[Empty box for recommendations]

Section C: Substance Abuse Treatment

If treatment was recommended, please complete the following:

_____ Was treatment successfully completed? Yes No
Date Treatment Began Date Treatment Ended

Was treatment completed at the same facility as the evaluation? Yes No

If no, please complete the following:

_____ Name of Facility where Treatment was Completed

_____ Address Telephone Number

_____ City State Zip Code

Is Treatment Facility a Licensed Substance Abuse Treatment Provider? Yes No

If yes, provide the following: _____
Agency License # Licence valid until

Section D: Signatures

I attest that the information provided on the 'DUI Offender Evaluation/Treatment' portion of this form is true and accurate.

_____ Name of Substance Abuse Provider Signature of Substance Abuse Provider

_____ Title Date

Under penalty of perjury, I affirm that the information provided on this form is true and accurate.

_____ Signature of Offender Date

- ✓ **DUI OFFENDER CHECK LIST – Please make sure you have:**
- Completed and signed this form
- Attached documentation in the form of a certificate or letter of completion for driver education/treatment
- Provided documentation to show you have completed treatment; IF the evaluation indicated treatment was recommended
- Sent \$125 payment in the form of a cashier’s check or money order made payable to BBHFF-DADA-DUI Unit

PRINT FORM