

NOTIFICATION OF TRANSFER TO A STATE-LICENSED PROGRAM FOR DRIVING-UNDER-THE-INFLUENCE (DUI) OFFENDERS

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| <p><u>INSTRUCTIONS:</u> When a participant requests a transfer to another state-licensed DUI program, the sending program is to complete Sections 1 - 7, and the Participant Information Summary on the reverse, and forward to the receiving program. The receiving program shall complete Section 8 and return a copy of the form to the sending program, with a copy to the court of conviction, as confirmation of the participant's enrollment within 21 calendar days from the date of transfer from the sending program.</p> | |
| 1. NAME OF PARTICIPANT | |
| (Last) | (First) |
| (Middle) | |
| 2. SENDING PROGRAM | |
| Name of Program | DUI Program License Number |
| Address | Telephone |
| 3. RECEIVING PROGRAM | |
| Name of Program | DUI Program License Number |
| Address | Telephone |
| 4. PROGRAM REQUIREMENTS COMPLETED | |
| _____ Hours of Education | _____ Face-to-Face Interviews (Length _____) |
| _____ Hours of Group Counseling | _____ Hours of Re-entry Activities |
| 5. ADDITIONAL PROGRAM REQUIREMENTS (APRs) | |
| <input type="checkbox"/> No APR Requirement Program APRs _____ Program APRs Completed Court-Ordered APRs _____ Court-ordered APRs Completed (If the receiving DUI program has state-approved APRs, the participant will only be required to complete the APRs of the receiving program. APRs completed in the sending program shall be credited toward meeting the APR requirements of the receiving program.) | |
| 6. PARTICIPANT CERTIFICATION | |
| <p><i>I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to me and I agree to enroll in the program identified in Section 3 by _____.</i></p> | |
| Signature of Participant | Date |
| 7. SENDING PROGRAM CERTIFICATION | |
| <p><i>I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to the participant and the participant acknowledges receipt of the information.</i></p> | |
| Signature and Title of Program Representative | Date |
| 8. CONFIRMATION OF TRANSFER BY RECEIVING PROGRAM | |
| <p>I certify that the above-named DUI program participant</p> <p><input type="checkbox"/> enrolled on _____ <input type="checkbox"/> DID NOT enroll by the date specified in Section 6.</p> | |
| Signature and Title of Program Representative | Date |

PARTICIPANT INFORMATION SUMMARY

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| 1. Program Level <input type="checkbox"/> Wet & Reckless <input type="checkbox"/> First Offender <input type="checkbox"/> 12-Month Multiple Offender <input type="checkbox"/> 18-Month Multiple Offender <input type="checkbox"/> 30-Month Multiple Offender <input type="checkbox"/> <u>First Offender Sentenced by Court to Complete</u> (check one) <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months | |
| 2. Enrollment Date (Month) (Day) (Year) | 3. Total Participation Time (Excluding time on leave of absence or dismissal from program.) Calendar Months Weeks |
| 4. Total Number of Absences from Program _____ | |
| 5. Dismissal From Program (if applicable) | |
| • Date of Dismissal: _____ Reason: _____ | • Date of Reinstatement: _____ |
| • Date of Dismissal: _____ Reason: _____ | • Date of Reinstatement: _____ |
| 6. Leave of Absence From Program (if applicable) | |
| • Beginning Date: _____ Reason: _____ | • Ending Date: _____ |
| • Beginning Date: _____ Reason: _____ | • Ending Date: _____ |
| 7. Court of Conviction (Name, address) | 8. Court Docket Number or Other Identifier |
| | 9. Driver's License Number |
| 10. Probation <input type="checkbox"/> Formal <input type="checkbox"/> Summary <input type="checkbox"/> None | 11. Alcohol Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Date Conducted: ____/____/____ Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no copy attached, please indicate results: |
| 12. Additional Information/Comments (a) Blood Alcohol Content (b) Refund due (c) Balance owed | |
| 13. Client did not reinstate at sending program. Receiving program will need: _____ Current court docket with same case number as above. _____ Provide DMV with DL104A | |
| 14. Participant's Mailing Address Home phone () Work phone () | |