



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH & HUMAN RESOURCES

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Governor

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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/BHMF](http://DHHR.WV.GOV/BHMF)

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 **BHMF – DADA – DUI Unit**. *We are unable to accept cash, personal checks, or credit/debit cards.*

**DUI OFFENDER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI) (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**

<input type="checkbox"/> Education _____	Class Date _____
<input type="checkbox"/> Payment _____	Received _____
<input type="checkbox"/> Evaluation _____	
<input type="checkbox"/> 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

### 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?

### 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

\_\_\_\_\_ Telephone Number  
Address

\_\_\_\_\_ Zip Code  
City State

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

\_\_\_\_\_ Date  
Title

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

\_\_\_\_\_ Date  
Signature of Offender

✓ **DUI OFFENDER CHECK LIST – Please make sure you have:**

**PRINT FORM**

- ☐ 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 BBHHF-DADA-DUI Unit