



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Steve Jordan, Director

October 20, 2010

To Whom It May Concern:

This letter explains the requirements for individuals who live outside of North Carolina and:

- Have been convicted of a DWI (Driving While Impaired) in North Carolina, or
- Have been convicted of driving while less than 21 years old after consuming alcohol or other drugs in North Carolina.

In accordance with NC General Statute 122C-142.1, the following is required for driver's license reinstatement:

- A substance abuse assessment must be completed, and
- A substance abuse program (either education or treatment) must be completed.

If an individual living outside of North Carolina completes a substance abuse assessment, substance abuse education, and/or substance abuse treatment outside of North Carolina:

- Documentation of the out-of-state assessment, treatment, and/or education must be reviewed and approved by an authorized North Carolina DWI services provider.
- An authorized North Carolina DWI services provider can be found from the NC DWI Services website at [www.ncdhhs.gov/mhddsas/dwi](http://www.ncdhhs.gov/mhddsas/dwi)
- On the home page, click on "locate services" and choose any provider that is listed as providing "Out of State Review."
- Note: As there is no mandated fee for out-of-state reviews, the fee may differ among providers. Any authorized DWI service provider in North Carolina can be selected to do the "Out of State Review," regardless of the location of the provider.
- The authorized North Carolina DWI provider will complete the review, process the information, and complete a Certificate of Completion (e-508 form) in order to resolve the outstanding DWI offense on the individual's North Carolina record. (The individual should receive a copy of the Certificate of Completion from the provider to retain for his or her records).

Sincerely,

Erin Grupp, MSW, LCAS  
DWI Services Specialist



## Life Changes DWI Centers

P. O. Box 531  
Danville, Virginia 24543  
800-776-3022  
Fax: 434-822-8492

### **North Carolina DWI: Guidelines for out of state Offenders**

1. Our fee is **\$175.00** and is payable by a cashier's check or money order to **"Life Changes, Inc."**, **in the amount of \$175.00 plus \$100.00 for each additional DWI.**  
**Send to: Life Changes, P.O. Box 531, Danville, VA 24543**
2. We are required by law to have copies of the following information in our file:  
(1.) **Breathalyzer results**-You may obtain this information from your attorney or the clerk of court in the county where you were charged with DWI. If the offense has been over 5 years, the court may not have the Breathalyzer results and it will not be required.  
(2.) **NC driving record- you may call NC DMV at 919-715-7000 to obtain the driving record.**  
(3.) **Send us a copy of your complete driving record in the state in which you are currently licensed and the intake sheet enclosed. I will all this and your money order to get started.**
3. You must then obtain an assessment from a certified substance abuse counselor or agency that provides DWI/DUI services in your state. You will need to give us the fax # or email for the facility packet. We will transfer packet to that agency. If you have already completed the appropriate treatment in order to satisfy North Carolina's legal requirements, we will use that treatment. **You will have to complete a DWI program to satisfy the state of NC.**
4. We will send the required 508 form (DWI form) to the North Carolina DWI services.
5. North Carolina will require you to pay a \$100.00 reinstatement fee and any other fees or fines. You should call the **DMV at 919-715-7000** and talk with an operator to find out how to pay that fee and the exact amount and any other fees/fines that are pending.
6. DWI Services will process the DWI information before it is sent to DMV. It will take 1-7 days for the DWI 508 form to be processed by North Carolina. You can call the DMV at 919-715-7000 to check the **status of your driver's license**. Follow the instructions in the recorded menu; you will need to enter your customer number and birth date. When the recording does not state that you need an assessment, the 508 form has been processed. It will take up to 3 days once the 508 form is processed to go through the interstate system to your state.

I hope that this information is helpful and will help you to fulfill your obligation to North Carolina. If you have any other questions, you may want to go to the DWI website that explains this information. The site is **[www.ncdwiservices.org](http://www.ncdwiservices.org)**.

Gene P. Smith, LCAS, CCS  
Executive Director

# Life Changes Intake Sheet

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax # and/or email: \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- |                                    |   |   |   |   |
|------------------------------------|---|---|---|---|
| 8. Gender:                         | 9. Race (all that apply):   | 10. Ethnicity (choose 1):                             | 11. Language Preference:                | 12. Marital Status (choose 1):            |
| 01 <input type="checkbox"/> Male   | 01 <input type="checkbox"/> American Indian/ Alaska Native            | 01 <input type="checkbox"/> Hispanic Puerto Rican     | 01 <input type="checkbox"/> English     | 01 <input type="checkbox"/> Never married |
| 02 <input type="checkbox"/> Female | 02 <input type="checkbox"/> Asian                                     | 02 <input type="checkbox"/> Hispanic Mexican American | 02 <input type="checkbox"/> Spanish     | 02 <input type="checkbox"/> Now Married   |
|                                    | 03 <input type="checkbox"/> Black or African American                 | 03 <input type="checkbox"/> Hispanic Cuban            | 03 <input type="checkbox"/> OTHER _____ | 03 <input type="checkbox"/> Divorced      |
|                                    | 04 <input type="checkbox"/> Native Hawaiian or other Pacific Islander | 04 <input type="checkbox"/> Hispanic Other            |   | 04 <input type="checkbox"/> Separated     |
|                                    | 05 <input type="checkbox"/> White                                     | 05 <input type="checkbox"/> Unreported                |   | 05 <input type="checkbox"/> Widowed       |
|                                    | 06 <input type="checkbox"/> Unreported                                | 06 <input type="checkbox"/> Not Hispanic or Latino    |   |   |

- |  |   |   |   |
|--|---|---|---|
| 13. Education Completed (choose 1):                          | 14. Employment Status:  | 15. Health Insurance:                         |   |
| 01 <input type="checkbox"/> Less than 6 <sup>th</sup> grade  | 01 <input type="checkbox"/> Full time (working 35 hours or more per week)     | 01 <input type="checkbox"/> Private Insurance | 05 <input type="checkbox"/> NC Health Choice for Children         |
| 02 <input type="checkbox"/> Less than 9 <sup>th</sup> grade  | 02 <input type="checkbox"/> Part time (Working < 35 hours per week)           | 02 <input type="checkbox"/> Blue Cross        | 06 <input type="checkbox"/> Health Maintenance Organization (HMO) |
| 03 <input type="checkbox"/> Less than 12 <sup>th</sup> grade | 03 <input type="checkbox"/> Unemployed (Looking for work during past 30 days) | 03 <input type="checkbox"/> Medicare          | 07 <input type="checkbox"/> other (e.g. TRICARE, CHAMPUS)         |
| 04 <input type="checkbox"/> Completed HS/GED                 | 04 <input type="checkbox"/> Not in the labor force                            | 04 <input type="checkbox"/> Medicaid          | 08 <input type="checkbox"/> None                                  |
| 05 <input type="checkbox"/> Some college                     |   |   |   |
| 06 <input type="checkbox"/> Bachelor                         |   |   |   |
| 07 <input type="checkbox"/> Graduate Degree or higher        |   |   |   |

16. Arrest County: \_\_\_\_\_

## LEGAL HISTORY

Prior convictions & dates \_\_\_\_\_

Pending charges \_\_\_\_\_ Previous DWI's \_\_\_\_\_ Court date \_\_\_\_\_

County of Offense: \_\_\_\_\_ BAC: \_\_\_\_\_

**AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION**

<b>CLIENT NAME (LAST, FIRST, MIDDLE, MAIDEN)</b>  	<b>SOCIAL SECURITY NUMBER</b>  	<b>DATE OF BIRTH</b>  
<b>NAME/ADDRESS OF AGENCY, ORGANIZATION, OR INDIVIDUAL POSSESSING INFORMATION</b>  <p align="center"><b>LIFE CHANGES COUNSELING</b></p>	<b>NAME/ADDRESS OF AGENCY, ORGANIZATION, OR INDIVIDUAL TO WHICH EXCHANGE OF INFORMATION OCCURS:</b> <b>NC DIVISION OF MH/MR/SAS; NC DHR FACILITIES; NC DIVISION OF MOTOR VEHICLES; NC DEPT. OF CORRECTIONS; DEPT. OF PROBATION &amp; PAROLE; NC DISTRICT &amp; SUPERIOR COURT OFFICIALS; NC OFFICE OF THE COURTS; AT CLIENT REQUEST ANY DWI PROVIDER APPROVED BY THE STATE OF NORTH CAROLINA.</b> <b>ATTY; _____</b> <b>P.O. _____</b> <b>DWI/DUI Facility _____</b>	
<b>INFORMATION TO BE RELEASED/EXCHANGED</b> Acknowledgment of request/attempt to obtain a DWI Assessment or of prior rendered assessment; DHR DMV 508; AOC310 or Court Judgement; Results of any Substance Abuse Assessment/Evaluation, clinical & standardized; Notice of completion OR failure to comply with recommended services; Other pertinent information with regard to substance use, legal history, etc., as may be required by Judicial, Medical and Administrative rules and regulations of this state and/or other states.	<b>PURPOSE/NEED FOR WHICH INFORMATION IS NECESSARY</b> Compliance/non-compliance with Senate Bill 508, Chapter 797, G.S. 20-179(m) 1987 or other DMV/court ordered Substance Abuse Services. I understand that verification of my compliance/non-compliance with the assessment and recommended services is necessary for reinstatement of my driving privilege, and legally mandatory. Failure to comply can result in a report of non-compliance being filed and the suspended sentence may be activated. I further understand that I am required to notify an agency of all previous assessments so that the information may be utilized in subsequent assessments.	

I hereby request and authorize the above named agency(ies), or organization, or individual(s) which possess information relative to the above named client, to release/exchange information as specified on this request. I understand that the information disclosed may include information regarding substance(alcohol/drug) abuse, sickle cell anemia, HIV/AIDS/blood borne pathogens verification, infectious disease verification, and information on psychological or psychiatric impairments. Some information may require an in-depth review with the patient before the information can be released.

The information disclosed is from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal rules prohibit further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2.

I certify that this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without my further written consent unless otherwise provided by state or federal law. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire  upon satisfaction of the need for disclosure of the information;  within 365 days of the date signed;  under the following condition(s): **REINSTATEMENT OF MY  NORTH CAROLINA  AND/OR (state) DRIVING PRIVILEGED:**

A photocopy of this authorization  may  may not be considered as valid as the original

_____ Signature of Client	_____ Date	_____ Signature of Legally Responsible Person
_____ Signature of Witness	_____ Date	_____ Date of Signatures

(FOR RELEASING AGENCY USE ONLY)

## Checklist

1. \_\_\_\_\_ Your Breathalyzer results are required if 5 Years old or less-(It can be gotten from the clerk of court from the county of the offense)
2. \_\_\_\_\_ NC driving record (can be gotten from NC DMV)\*\*
3. \_\_\_\_\_ Current complete driving record from your licensed state
4. \_\_\_\_\_ Complete a DUI/DWI assessment & program.
5. \_\_\_\_\_ \$175.00 Money order, release & intake sheet to Life Changes
6. \_\_\_\_\_ Pay the NC DMV reinstatement fee and all fines

**\*\* The NC DMV # is 919-715-7000 and you can order your driving record from them. You can also find out about paying your reinstatement fee and any other fines that need to be paid.**