

**Counseling Insights, Inc.**  
**3557 N. Sharon Amity Road**  
**Suite 203**  
**Charlotte, NC 28205**  
**704-568-1122**



This is our Out-of-State DWI packet. If you follow the instructions as outlined, Counseling Insights should be able to assist you in completing the substance abuse assessment/treatment requirement for lifting the suspension on your driver's license. (This information is required by statute in this state and cannot be waived.)

This process could take time, so I ask in advance for your patience. If you have questions regarding this process you may call us @ 704-568-1122 extension 101.

Chris Moses, CSAC, ICADC

### **Out-of-State DWI Process**

If you received a DWI in North Carolina, and you now reside in another state, the following steps are needed to fulfill NC treatment requirements for re-obtaining your driver's license.

1. Send us a copy of your ticket, judgment, signed DWI Assessment Forms (enclosed and/or available @ [www.counselinginsights.org](http://www.counselinginsights.org)) and a current (within past 30 days) complete driving record from the state that issued the license you were carrying at the time of the DWI. (We will request your driving record North Carolina DMV if you provide us with your NC Customer ID #.) In addition include a money order made out to Counseling Insights, Inc. for \$150.00 to cover the processing fees. We will accept credit/debit card transactions over the telephone. This will allow us to open a record for you and help you fulfill this legal obligation.

If you do not have a copy of your ticket and/or the judgment you will need to contact the Clerk of Court in the county in which you were convicted of DWI. We will provide telephone contact numbers by request. If you do not have your NC Customer ID # please call NC DMV @ 919-715-7000 and speak to a customer service representative to obtain that number.

2. You will need to take copies of the above information and a copy of NC DWI Recommendation Standards (copy attached) to a state licensed substance abuse agency near you and have a Substance Abuse Assessment done.
  - a. While at the agency, please complete a Release Form allowing that agency to speak with our agency (Counseling Insights, Inc.) and fax/send a copy of that signed Release to us.
  - b. Request that a copy of the assessment recommendation be sent or faxed to us. The recommendation must comply with NC DWI Treatment Recommendation Standards. Be sure the assessment includes the number of hours and type of treatment recommended.
  - c. Our address is:

Counseling Insights, Inc.  
3557 North Sharon Amity Road,  
Suite 203  
Charlotte, NC 28205  
Attn: Out of State Processing

Telephone #: 704-568-1122 & fax # 704-568-5357

Business hours are: Monday through Friday 9:00 am to 5:00 pm EST

3. Complete the recommended substance abuse treatment at a state licensed substance abuse treatment agency. Send us a copy of the treatment discharge summary that clearly identifies the treatment program. Make sure the summary states the number and type of treatment hours you have completed.
4. Once all the information is gathered, we will electronically submit NC Form 508 to Justice Systems Innovations in Raleigh and send you a copy. They will process the form and submit it to NC DMV who will take the hold off of your license. This usually takes up to a week. If the hold on your license is not removed after two weeks, notify us and we will investigate and resolve the problem.

## **NC DWI TREATMENT RECOMMENDATION STANDARDS**

**Level 1 - Education only (ADETS):** *Client must complete a minimum of sixteen hours of substance abuse –DWI-related education. Client must meet the following criteria:*

1. The assessment did not identify a substance abuse handicap (e.g. the individual did not meet the minimum requirements for ASAM Placement Criteria Level I or more)
2. The individual has had no previous DWI convictions (lifetime)
3. The blood alcohol concentration was no more than .14
4. The individual did not refuse Breathalyzer (If the individual refused the Breathalyzer but met all other criteria, she / he must be referred to Level 2 below.)

**Level 2 - Short-Term Outpatient Treatment:** *This treatment level consists of a minimum of 20 hours of substance abuse treatment, which must be conducted over a minimum period of 30 days. Individuals in this category meet the following criteria:*

1. DSM IV diagnosis of psychoactive substance abuse only.
2. The individual does not fit all aspects of the diagnosis, but under certain circumstances, the clinical picture provides reason to conclude that treatment would be more appropriate than education. Some of these circumstances may include, but are not limited to: alcohol concentration .15 or greater; refusal of breath test at time of arrest; problems related to family history; other problems which seem to be a contributing factor to DWI behavior such as grief, loss, etc.
3. Individual meets the ASAM Level I placement criteria:

**Level 3 - Mid-Term Outpatient Treatment:** *This treatment level consists of a minimum of 40 hours of substance abuse treatment which must be conducted over a minimum period of 60 days. Individuals in this category meet the following criteria:*

1. Individual meets minimal conditions for the diagnosis of "psychoactive substance dependence"
2. Individual meets the ASAM Level I placement criteria

**Level 4 - Intensive Outpatient Treatment (Day Treatment):** *This treatment level consists of a minimum of 90 contact hours over a minimum period of 90 days. Individuals in this category meet the following criteria:*

1. Individual meets conditions for "psychoactive substance dependence" diagnosis, moderate or severe.
2. Individual meets the ASAM Level II placement criteria:

**Level 5 - Inpatient Treatment:** *This treatment level includes a minimum of 14 days of in-patient treatment, and must be followed by a minimum of two months of aftercare (AA / NA is not considered to be aftercare). Inpatient treatment & aftercare must occur over a minimum 90-day period. (Individuals in this category meet the following criteria:*

1. Dependency diagnosis, moderate or severe.
2. Previous outpatient treatment has not been successful.
3. Individual meets criteria for ASAM Level III or IV in regard to the following six "patient problem areas, as set forth in ASAM Patient Placement Criteria: Adult crosswalk
  - a) Withdrawal risk.
  - b) Need for medical monitoring.
  - c) Emotional/behavioral problems requiring structured setting,
  - d) High resistance to treatment.
  - e) Inability to abstain.
  - f) Lives in a negative and destructive environment



## MEDICAL QUESTIONNAIRE

Counselor \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Client #: \_\_\_\_\_

1. How would you describe your general health? \_\_\_\_\_

2. When was the last time you saw a doctor? \_\_\_\_\_  
 Why?  
 \_\_\_\_\_

3. Date of last hospital admission: \_\_\_\_\_ Why? \_\_\_\_\_

4. Do you have or have you ever had any of the following health problems?

CONDITION	YES	NO	CONDITION	YES	NO	CONDITION	YES	NO
Diabetes			Headaches			Seizures		
Depression			Miscarriages			Migraines		
Suicide Attempt			Premenstrual Syndrome			Cancer		
Pancreatitis			High Blood Pressure			STD's		
Vomiting Blood			Hepatitis			Frequent Colds		
Ulcers			Enlarged/fatty liver			Physical Impairment		
Kidney Disease			Asthma/Lung			Stroke		
Chronic Diarrhea			Emphysema			Tuberculosis		
Blood in Stool			Heart Disease			Other Problems		
Other Abnormal Bleeding			Allergies- List Below			Are you pregnant?		

Use this space to explain any of the above conditions or other conditions you may have.

\_\_\_\_\_

\_\_\_\_\_

Are you taking any medication? If so, list below (include OTCs taken regularly, herbs, etc.)

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever had an adverse reaction to a medication? \_\_\_\_ Yes \_\_\_\_ No. If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

Reviewed by Assessor with Client: Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CONSENT FOR SERVICES**

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

I give my permission for assessment and/or treatment services through Assessment Dynamics. I have been given the names of other public and private treatment facilities, which provide the required level of services. I understand that I may withdraw this permission and stop services at Assessment Dynamics at any time.

Federal Law and Regulations rules (42 CFR part 2 & 42CFR Part 9) protect the confidentiality of alcohol and drug abuse client records maintained by this program. All information about me is confidential. No information will be shared with anyone else without my written permission. Information about me is also kept in a computerized record system for statistical and programming purposes.

Signed: \_\_\_\_\_ or \_\_\_\_\_  
(Client) (Parent / Legal Guardian)

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

## **DRIVER PRIVACY PROTECTION ACT AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION (DL-DPPA-2)**

As part of the evaluation process, I acknowledge the necessity for a review of my complete driving history and agree to pay a fee of \$10.00 for a complete DMV extract. I understand that personal information contained in my Motor Vehicle records is protected by the federal Driver Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

**Person to receive information:** **Counseling Insights, Inc.**  
**(Please print clearly)**

Your signature \_\_\_\_\_

Your full name as it appears on your license (print clearly)

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

Your Driver License/ID Number \_\_\_\_\_

Date \_\_\_\_\_