

**Division of Addiction Services  
Intoxicated Driving Program  
Requirements for Out-of-State Residents Regarding a DUI Conviction**

You must fulfill two requirements:

1. **CONTACT YOUR HOME STATE OFFICE IDENTIFIED ON YOUR PROGRAM CONTACT COVER LETTER: Attend your state's certified program for DUI offenders** as defined in the cover letter. You, the client, must send this information directly to the State of New Jersey address or fax number on the cover letter. Completion information must include:
  - Your full name and date of birth
  - Your address, if different from the cover letter
  - Date of Enrollment and Date of Completion
  - Number of hours attended
  
2. **CONTACT A CLINICIAN/COUNSELOR LICENSED OR CERTIFIED IN YOUR STATE TO PROVIDE CLINICAL DRUG AND ALCOHOL ASSESSMENTS: All offenders must schedule and participate in a comprehensive drug and alcohol assessment** conducted by a clinician/counselor licensed or certified in your state. Referrals to the appropriately licensed or certified clinician/counselor may be available by contacting your state agency listed on the cover letter. If treatment is recommended, compliance will not be met until treatment completion is reported.
  - **If treatment is required**, length of stay must be a **minimum of sixteen (16) weeks**, one session per week. Each session shall be a minimum of one hour.
  - **Individuals with three or more offenses must participate in a treatment program with a minimum of sixteen weeks length of stay.**
  - If a counselor decides not to refer a client to treatment, then additional information is required to substantiate the non-referral.

**In all cases**, the clinician/counselor must submit the appropriate documentation to support the above to the state of New Jersey. Documentation in the form of a discharge summary must include the following:

- Your full name and date of birth
- Your address, if different from the cover letter
- Provide recommendations using American Society of Addiction Medicine (ASAM) Patient Placement criteria indicating the appropriate level of care.
- Date of Enrollment into treatment and Date of Treatment Completion
- Number of sessions attended
- Discharge status (treatment complete, refused, etc)

**Copies of court orders, summons, etc., CONTACT THE COURT OF CONVICTION**  
**<http://www.judiciary.state.nj.us/directory/munctadr.pdf>**

**For questions regarding the above requirements: NJ DUI HOTLINE: 609-588-7354**