

# 2010/2011 DWI- Client Information Transfer Sheet



## State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services

<b>Facility Code:</b>	<b>County:</b>		
<b>Provider Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Client Name:</b>		<b>Record #:</b>	
Information Transferred To _____	_____	<b>Facility Name:</b> _____	
Information Requested From _____	_____		
<b>(please check)</b>			
<b>Information to be Transferred/Requested includes: ((10a NCAC 27g .3811))</b>			
____ Copy of <u>Signed</u> Assessment (Printout from e508 System - DWI Certificate of Completion)			
____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.			
____ Verification of Alcohol Concentration from Clerk of Court or original citation.			
____ DSM-IV Diagnosis and Other Assessment Information			
Requested/Sent By: _____ Date Requested/Sent: _____			
____ Copy of <u>Signed</u> Assessment (Printout from e508 System - DWI Certificate of Completion)			
____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.			
____ Verification of Alcohol Concentration from Clerk of Court or original citation.			
____ DSM-IV Diagnosis and Other Assessment Information			
Requested/Sent By: _____ Date Requested/ Sent: _____			
COMMENTS:			
<b><u>NOTE:</u> Release of Information Signed by the Client MUST Accompany This Request.</b>			

Please place a copy of completed form in client file for verification purposes.