

### In-State DUII Treatment Completion Certificate (DTCC) Request

For assistance completing this form, please call the DUII Information Specialist at (503) 945-5964.

#### Client Information

Name:

Mailing address:

City, State ZIP:

Phone number:

Email address:

Date of birth:

Oregon driver license number:

DUII arrest date:

DUII conviction date:

Court convicted by:

Court type:

Circuit  Municipal  Justice

**Screening & Referral** – Oregon law (ORS 813.021) requires anyone convicted of a DUII to be screened by, and referred to, programs approved by the Oregon Health Authority.

Alcohol & Other Drug Screening Specialist (ADSS) Name:

ADSS Mailing address:

City, State ZIP:

Attach:  Copy of Screening & Referral  
 Signed Release of Information

#### DUII Service Provider:

Date DUII program started:

Date DUII program completed:

Name of program:

Mailing address:

City, State ZIP:

Phone number:

Email address:

Attach:  Copy of proof of completion  
 Signed Release of Information

#### DMV:

Attach:  Signed Release of Information

#### Signature

By signing below, I attest that the information provided in this form is true and accurate.

Signature

Date