



MISSOURI DEPARTMENT OF MENTAL HEALTH  
 CONTROLLER'S OFFICE  
 SUBSTANCE ABUSE TRAFFIC OFFENDER PROGRAM (SATOP)  
 PO BOX 596, JEFFERSON CITY, MO 65102-0596  
 PHONE: (573) 522-4020

Esta forma deberá llenarse por la agencia donde recibió las clases.

**DO NOT SUBMIT THIS FORM TO THE MISSOURI DEPARTMENT OF REVENUE**

**SATOP COMPARABLE PROGRAM COMPLETION**

(PLEASE READ THE COMPLETION REQUIREMENTS)

Section I must be completed by **OFFENDER** and Sections II, III, and IV must be completed by **AGENCY**. Please print legibly.

| I. OFFENDER INFORMATION    |        |       |          |   |
|----------------------------|--------|-------|----------|---|
| NAME (LAST, FIRST, MI)     |        |       |          | SOCIAL SECURITY NUMBER  |
| CURRENT MAILING ADDRESS    |        |       |          | CURRENT TELEPHONE NUMBER<br>(      )                          |
| CITY                       | COUNTY | STATE | ZIP CODE | DATE OF BIRTH   |
| STATE WHERE LICENSE ISSUED |        |       |          | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

**II. OFFENDER COMPLETION INFORMATION (IN ACCORDANCE WITH STATUTE RSMO 302.540 AND RULE AND REGULATION 9 CSR 30-3.206)**

**A) OUT-OF-STATE RESIDENTS** (Individuals must receive a Drug & Alcohol Assessment and complete the recommendations)

|  |   |             |  |
|--|---|-------------|--|
| DATE OF ASSESSMENT (MM/DD/YY)<br>____ / ____ / ____                  | NAME OF ASSESSOR OR ASSESSMENT AGENCY                             |             |  |
| RECOMMENDATIONS (EDUCATION AND/OR TREATMENT (MINIMUM OF 10 HOURS))   | DESCRIPTION OF PROGRAM SUCCESSFULLY COMPLETED                     |             |  |
| BEGINNING DATE: EDUCATION/TREATMENT (MM/DD/YY)<br>____ / ____ / ____ | ENDING DATE: EDUCATION/TREATMENT (MM/DD/YY)<br>____ / ____ / ____ | TOTAL HOURS |  |

**B) MISSOURI RESIDENTS ONLY - COMPLETE THIS SECTION**

|   |  |
|---|--|
| EDUCATION TREATMENT BEGINNING DATE (MM/DD/YY)<br>____ / ____ / ____   | EDUCATION TREATMENT ENDING DATE (MM/DD/YY)<br>____ / ____ / ____ |
| NUMBER OF TREATMENT HOURS SUCCESSFULLY COMPLETED (MUST BE A MIN OF 120 HOURS W/40 HOURS COUNSELING)<br>___ Individual Counseling    ___ Group Counseling    ___ Group Education    ___ Driver-Related Education    ___ Family Therapy | TOTAL HOURS  |

| SATOP INTERNAL USE ONLY |   | APPROVAL STAMP |
|-------------------------|---|----------------|
| OFFENSE DATE            | SATOP COMPLETED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |

**III. AGENCY CERTIFICATION/ACCREDITATION**

I hereby certify that this agency is state certified and/or nationally accredited by:

STATE CERTIFIED:     YES     NO    /    NATIONALLY ACCREDITED BY:     CARF     TJC     COA

|  |                  |
|--|------------------|
| CERTIFYING DEPARTMENT/STATE DIVISION (IF APPLICABLE) | TELEPHONE NUMBER |
|--|------------------|

**IV. AGENCY AUTHORIZATION**

I hereby certify that I am a representative of the agency listed below and am authorized to complete this form.

|                              |                              |          |
|------------------------------|------------------------------|----------|
| NAME (PLEASE PRINT LEGIBLY)  | SIGNATURE (MUST BE SIGNED)   | DATE     |
| TITLE OF PERSON SIGNING FORM | AGENCY                       |          |
| STREET ADDRESS               | TELEPHONE NUMBER<br>(      ) |          |
| CITY                         | STATE                        | ZIP CODE |

## SATOP COMPARABLE PROGRAM COMPLETION REQUIREMENTS

### OUT-OF-STATE RESIDENTS

- If you are NOT a Missouri resident, you must provide written verification that you completed a drug and alcohol assessment and that you successfully completed the recommended level of education/treatment from a state certified or nationally accredited program that would satisfy the requirements of that state or jurisdiction for a person convicted of a substance use traffic offense.
- The minimum acceptable completion requirement in Missouri is 10 hours of DUI/DWI substance use education. If the drug and alcohol assessment you completed in your state indicates no need for substance use education/treatment, you still must satisfy Missouri's minimum requirements. **We do not accept on-line courses.**
- You may obtain a contact number for your state to locate a state certified program from our web page: <http://dmh.mo.gov/ada/satop/usaomu.html>.
- You must complete Section I, and the agency where you receive services must complete Sections IIA, III, and IV.
- You must MAIL your completed form with a supplemental fee of \$249.00 in the form of a signed money order payable to Mental Health Earnings Fund and mail to the Department of Mental Health to the address listed on the front of this form. DO NOT FAX. Also, DO NOT SEND THIS INFORMATION TO THE DEPARTMENT OF REVENUE. If possible, enclose a copy of your discharge summary and/or completion certificate. It is important for you to keep a copy of all documentation related to the completion of your program.
- If you have previously received a Missouri SATOP screening and have paid the \$249 supplemental fee, you must submit a copy of your SATOP Offender Assignment Form and/or receipt. However, if you have received another impaired driving offense since the time of that screening and payment of the supplemental fee, the \$249 will need to be paid again.
- After our office has received your form and \$249 money order, we may contact the agency where you received services to verify your completion. If the program is approved, we will notify the Missouri Department of Revenue of your SATOP completion.
- We will mail you a receipt for your \$249 supplemental fee when your documentation is processed and completed in our system.

### MISSOURI RESIDENTS

- If you are a Missouri resident, you must complete a Missouri SATOP or Missouri Comparable Program.
- If you are a Missouri resident and are working out-of-state or attending an out-of-state school your SATOP may be completed in that state. Verification of work or student status will be required. You must mail a completed copy of this form along with a \$249.00 supplemental fee to the address listed on front in order to be processed.
- If you choose to complete a SATOP comparable program, you must receive a drug and alcohol assessment and complete a program that is state certified and/or nationally accredited (CARF, TJC, COA). You must complete a minimum of 120 hours of substance use treatment during a period of no less than 21 calendar days. These days do not have to be consecutive.
- Of the 120 hours, 40 hours must be individual and/or group counseling. The remaining hours must include any combination of the following: driver-related education, individual counseling, group counseling, group education, and family therapy.
- You must complete Section I, and the agency where you receive treatment services must complete Sections IIB, III, and IV.
- DO NOT FAX OR MAIL YOUR FORM AND/OR DISCHARGE SUMMARIES AND COMPLETION CERTIFICATES TO OUR OFFICE UNLESS YOU COMPLETED A PROGRAM FROM THE DEPARTMENT OF CORRECTIONS. ALSO, DO NOT SEND THIS FORM TO THE DEPARTMENT OF REVENUE. You must present this form to a contracted SATOP Offender Management Unit (OMU) and if possible, a copy of your discharge summary, and/or completion certificate. It is important to keep a copy of all documentation related to the completion of your program. A supplemental fee of \$249 plus a \$46.00 administrative fee, for a total of \$295 in the form of a money order must be paid to the OMU at that time. A listing of OMUs may be obtained at <http://dmh.mo.gov/ada/satop/omu.html> or by calling (573) 522-4020 and selecting Option 3.
- If you have completed a Missouri Department of Corrections Institutional Treatment Program, contact the Missouri Department of Corrections at (573) 522-1517.
- If you previously received a SATOP screening and have paid the \$249 supplemental fee, you must present a copy of your SATOP Offender Assignment Form and/or receipt. However, if you have received another alcohol-related driving offense since the time of that screening you will be required to pay the \$249.00 again.
- The OMU will evaluate the program you completed to determine if it meets Comparable Program guidelines. If the program is acceptable, the OMU will notify the Driver and Vehicle Services Bureau of the Department of Revenue. This notification will be sent electronically.

If you have questions regarding your driver's license reinstatement, you must contact the Missouri Department of Revenue at 573-751-4600.

## INSTRUCCIONES EN ESPAÑOL PARA EL CLIENTE

### RESIDENTE DE OTRO ESTADO

- **Si usted no es residente de Missouri**, es necesario que mande por correo esta forma con la cuota suplemental de \$249.00 en forma de money orden pagable a Mental Health Earnings Fund a la dirección indicada la frente de esta forma. Si es posible, también mande una prueba de haber cumplido con los requisitos de la clase.
- **Si usted no es residente de Missouri pero fue evaluado en Missouri**, es necesario que mande por correo esta forma y una copia de su SATOP Offender Assignment Form (A) Form y/o un recibo indicando que usted a pagado la cuota suplemental a la dirección que se encuentra al frente de esta forma. Si es posible, también mande una prueba de haber cumplido con los requisitos de la clase.
- Cuando nuestra oficina reciba su forma y documentación previamente mencionada, nosotros nos pondremos en contacto con la agencia donde recibió los servicios. Si el programa es aprobado, enviaremos su forma al Missouri Department of Revenue, por sistema de fax.

Si usted tiene preguntas acerca del **estatus de su licencia de manejar**, necesita llamar al Missouri Department of Revenue al numero 573-751-4600.

### RESIDENTE DE MISSOURI

- **Si usted no es residente de Missouri**, es necesario que presente que presente esta forma a un Offender Management Unit (OMU) y si es posible, también lleve una prueba de haber cumplido con los requisitos. Un cuota suplemental de \$249.00 y \$46.00 de costos administrativos, para un total de \$295.00, en forma de money orden se necesitara que pagar en ese tiempo. Una lista de Offender management Units (OMUs) se pueden obtener a <http://dmh.mo.gov/ada/satop/omu.html> o puede llamar al numero (573) 522-4020.
- La oficina OMU determinara si el programa que hizo satisface los requisitos para SATOP. Si el programa es aceptable, la oficina OMU notificara al *Department of Revenue* electrónicamente.

Si usted tiene preguntas acerca del **estatus de su licencia de manejar**, necesita llamar al Missouri Department of Revenue al numero 573-751-4600.

## AGENCY INSTRUCTIONS

- All areas of this form must be complete and accurate.
- DO NOT FAX OR MAIL THIS FORM AND/OR ANY OTHER DOCUMENTATION TO OUR OFFICE OR THE DEPARTMENT OF REVENUE. The completed form must be given to the offender, so they may mail it with their money order.