

## SATOP COMPARABLE PROGRAM COMPLETION REQUIREMENTS

### OUT-OF-STATE RESIDENTS

- If you are **NOT** a resident of Missouri, you must receive an assessment and complete the recommended level of service that would satisfy the requirements of your state for a person convicted of a substance abuse traffic offense.
- You may obtain a contact number for your state at [www.dmh.missouri.gov/ada/satop/usaomu.htm](http://www.dmh.missouri.gov/ada/satop/usaomu.htm) or by calling 573-522-4020.
- You must complete Section I, and the agency where you receive services must complete Sections II, III, and IV.
- You must mail your completed form with a supplemental fee of \$125.00 in the form of a money order payable to *Mental Health Earnings Fund* to the address listed on the front of this form. If possible, also 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. **DO NOT FAX YOUR FORM AND/OR DISCHARGE SUMMARIES/COMPLETION CERTIFICATES TO OUR OFFICE OR THE MISSOURI DEPARTMENT OF REVENUE.** We must receive your form and documentation, if applicable, AND money order by mail.
- If you have previously received a Missouri SATOP screening and have paid the \$125 supplemental fee, you must present a copy of your SATOP Offender Assignment (A-3) form and/or receipt. However, if you have received another alcohol-related driving offense since the time of that screening and payment of the supplemental fee, the \$125 charge will apply.
- When our office has received your form and \$125 money order, we will contact the agency where you received services to verify your completion. If the program is approved, we will fax your form to the Driver and Vehicle Services Bureau of the Missouri Department of Revenue.
- We will mail you a receipt for your \$125. Once you receive this receipt, you will know that you have completed SATOP requirements.

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

### MISSOURI RESIDENTS

- If you are a Missouri resident, you must complete a Missouri SATOP or Missouri Comparable Program.
- You must receive an assessment and complete a program that is a state-certified and/or accredited (JCAHO, CARF, and/or COA) alcohol and drug treatment rehabilitation program.
- You must participate in and successfully complete a minimum of 120 hours of treatment during a period of no less than 30 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 services must complete Sections II, III, and IV.
- **DO NOT FAX OR MAIL YOUR FORM AND/OR DISCHARGE SUMMARIES AND COMPLETION CERTIFICATES TO OUR OFFICE OR THE DEPARTMENT OF REVENUE.** You must present this form to a certified SATOP Offender Management Unit (OMU) and if possible, 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. A supplemental fee of \$125.00 plus a \$40.00 administrative fee, for a total of \$165.00 in the form of a money order must be paid to the OMU at that time. A listing of OMUs may be obtained at [www.dmh.missouri.gov/ada/satop/omulist.htm](http://www.dmh.missouri.gov/ada/satop/omulist.htm) or by calling 573-522-4020 and selecting Option 3.
- If you previously received a SATOP screening and have paid the \$125 supplemental fee, you must present a copy of your SATOP Offender Assignment (A-3) form and/or receipt. However, if you have received another alcohol-related driving offense since the time of that screening and payment of the supplemental fee, the \$125 charge will apply.
- 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 \$125.00 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 (A-3) 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 es residente de Missouri, es necesario 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 \$125.00 y \$40.00 de costos administrativos, para un total de \$165.00, en forma de money orden se necesitara que pagar en ese tiempo. Una lista de *Offender Management Units (OMUs)* se pueden obtener a [www.dmh.missouri.gov/ada/satop/omulist.htm](http://www.dmh.missouri.gov/ada/satop/omulist.htm) 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.



MISSOURI DEPARTMENT OF MENTAL HEALTH  
 CONTROLLER'S OFFICE  
 SUBSTANCE ABUSE TRAFFIC OFFENDERS 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.

**SATOP COMPARABLE PROGRAM COMPLETION**

**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 (     )	
CITY	STATE	ZIP CODE	DATE OF BIRTH
DRIVER LICENSE NUMBER	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 an assessment and complete the recommendation according to their state's requirements)

DATE OF ASSESSMENT (MM/DD/YY) ____ / ____ / ____	NAME OF ASSESSOR OR ASSESSMENT AGENCY
RECOMMENDATION (EDUCATION AND/OR TREATMENT)	DESCRIPTION OF SERVICE SUCCESSFULLY COMPLETED
BEGINNING DATE (MM/DD/YY) ____ / ____ / ____	ENDING DATE (MM/DD/YY) ____ / ____ / ____

**B) MISSOURI RESIDENTS** (As of February 1, 2005, Missouri residents MUST complete a Missouri SATOP or Missouri Comparable Program.)

TREATMENT BEGINNING DATE (MM/DD/YY) ____ / ____ / ____	TREATMENT ENDING DATE (MM/DD/YY) ____ / ____ / ____
NUMBER OF TREATMENT HOURS SUCCESSFULLY COMPLETED ___ Individual Counseling    ___ Group Counseling    ___ Group Education    ___ Driver-Related Education    ___ Family Therapy	TOTAL HOURS

**SATOP USE ONLY**

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**III. AGENCY CERTIFICATION/ACCREDITATION**

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

DEPARTMENT/DIVISION	CONTACT PERSON
STREET ADDRESS	TELEPHONE NUMBER (     )
CITY	STATE    ZIP CODE
THIS AGENCY IS ACCREDITED BY <input type="checkbox"/> JCAHO <input type="checkbox"/> CARF <input type="checkbox"/> COA	

**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
AGENCY		
STREET ADDRESS	TELEPHONE NUMBER (     )	
CITY	STATE	ZIP CODE