

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

**COURT REFERRAL
TO AN IMPAIRED DRIVER CARE MANAGEMENT PROGRAM**

Last name: _____ First name: _____ Middle initial: _____
Gender: Male Female Date of birth: _____
BAC (If Taken): _____ Arresting Agency: _____
Offense: DWI II DWI III DWI Subsequent or Aggravated
Prosecutor name: _____
Prosecutor address: _____
HOC report date: _____

Per RSA 265-A, as a result of your conviction for Driving While Impaired, you must complete an Impaired Driver Care Management Program (IDCMP) prior to restoration of your license or privilege to operate a motor vehicle. So that you may complete this requirement, you have been referred to the following agency which is authorized to provide this service to you:

Amethyst Foundation, Inc.
120 Hedding
Epping, NH 03042

In order to reinstate your license or privilege to operate a motor vehicle in the State of New Hampshire within the minimum revocation period or to avoid having the suspended portion of your House of Correction (HOC) sentence imposed, you must contact the above program to schedule an alcohol and drug abuse screening within 14 days for a 1st offense or a full substance use disorder evaluation within 30 days from your release from the HOC for an aggravated or 2nd or subsequent offense, or 30 days from your conviction of a subsequent offense that was not based on a prior conviction. Non compliance will result in a Motion to Impose being filed and a bench warrant will be issued.

DUE TO STATUTORY TIMEFRAMES, YOU ARE ADVISED TO CONTACT THE IDCMP IMMEDIATELY, SINCE YOU HAVE DEADLINES FOR SCHEDULING AND COMPLETING THE SCREENING AND/OR EVALUATION AND IN ORDER FOR THE IDCMPs TO HAVE TIME TO ACCOMMODATE YOU. BE SURE TO BRING A COPY OF THIS FORM WITH YOU.

THE DIVISION OF MOTOR VEHICLES WILL NOT RESTORE YOUR NEW HAMPSHIRE LICENSE OR YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE OR REMOVE YOUR NAME FROM THE NATIONAL DATABASE UNTIL YOU SUCCESSFULLY COMPLETE THE PROGRAM.

Date form completed

Signature of Court Official or Court Stamp