

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH /DEVELOPMENTAL DISABILITIES
SUBSTANCE ABUSE TREATMENT FOR DUI OFFENDERS

WITHDRAWAL/DISMISSAL NOTIFICATION FORM

Client Name

DBHDD ID Number
(RRP Certificate Number)

(Mailing Address)

Clinical Referral/ Treatment
Enrollment Form Number
1151 or Verification of TX
Enrollment Form (1161)

Drivers License Number

Date of Birth

Treatment Provider Name

Treatment Provider Number

Date of Withdrawal/ Dismissal: _____

Date of Client's Written Notification: _____

Brief Explanation:

Signature of Provider Official

Date

- | |
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| <p>(1) YOU MUST ATTACH A COPY OF THE LETTER SENT TO THE CLIENT
(2) THE WITHDRAWAL DISMISSAL FORM SHOULD BE FAXED OR MAILED TO DHR NO LATER THAN 15
DAYS FROM THE DATE ON THE NOTIFICATION LETTER TO THE CLIENT
(3) TRANSFERS ARE NOT WITHDRAWALS OR DISMISSALS</p> |
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