VERMONT
DEPARTMENT OF HEALTH

Impaired Driver Rehabilitation Program
Notice of Decision

First Name: | Middle Initial: | Last Name:

Date of Birth: | Phone: | Total Number of Impaired Driving Offenses:

Address: | City: | State: | Zip:

Counselor Name: | Phone: | License #:

Counselor Address:

Counselor City: | Counselor State: | Counselor Zip Code:

Reason for denial of completion:

- ☐ Failed to complete therapy
- ☐ Failed to make substantial progress in therapy

Denial is based on the following (needs to include treatment goals not met):

Additional Comments:

You have the right to contest this decision. If you wish to appeal the decision of the clinician or IDRP Evaluator, you may request a hearing by sending a request via email: AHS.VDHIDRP@vermont.gov, by mail:
IDRP, Vermont Department of Health, P.O. Box 70, Burlington, VT 05402,
or
By seeking judicial review of the decision pursuant to Rule 75 of the Vermont Rules of Civil Procedure.

IDRP Evaluator Name:

IDRP Evaluator's Signature: | Date: