



REQUEST FOR HEARING



If name has changed since any of the actions below were taken, give former name first, then current name.

Requestor Information

Name			
Mailing Address			
City		State	Zip Code
Email Address		Primary Phone Number	DOB
Driver License Number	State	DWI Citation Number	Arrest Date

Reason for Hearing Request

I hereby request a hearing for the purpose of: (check only one box)

IMPLIED CONSENT ACT - Contesting the revocation of my driver's license and/or driving privileges based on violation of the Implied Consent Act: Refusal to submit to the breath/blood test; failure of breath/blood test, blood alcohol content (BAC) at or above .08 (or BAC at or above .02 for persons less than 21 years of age, or at or above .04 if the person was driving a commercial motor vehicle).

Request must be submitted or postmarked within ten (10) days from the date of receipt of notice of revocation and must include an Administrative Hearing Fee of \$25.00 or a sworn form MVD-10813 Statement of Indigency.

If you want the officer to be a witness at your hearing, you must so indicate by checking the box below. If you do not check the box below the police officer will not be required to attend the hearing, and the hearing officer will instead rely on an affidavit submitted by the officer.

I want the officer to be a witness at my hearing.

CHILD SUPPORT - Contesting the suspension of my driver license for failure to comply with child support payments under the Parental Responsibility Act. (No hearing fee required.)

OTHER - Please state the specific action taken by MVD that you are contesting and the basis of your protest.

Signature

Date

Hand Deliver or Mail this completed and signed Request for Hearing to:

MOTOR VEHICLE DIVISION
 DRIVER SERVICES BUREAU
 1100 SOUTH ST. FRANCIS DRIVE, RM # 2093 / P. O. BOX 4340
 SANTA FE, NEW MEXICO 87505-4340