

HEARING REQUEST FORM

You should only submit this form if you did not commit the offense listed in your Order of Revocation or Suspension. If you are represented by an attorney, your attorney may complete this form on your behalf.

Name _____ File Number _____

Mailing Address _____

Driver's License Number _____ Date of Birth _____

Daytime Telephone Number _____ Today's Date _____

Attorney's Name _____ Telephone Number _____

Attorney's Address _____

Attorney's Bar ID Number _____

Check here if you are not represented by an attorney.

You must provide a statement of the grounds upon which you claim that the suspension or revocation should be dismissed or modified. I request an administrative hearing because:

(If you need additional space, please attach a letter to this form.)

Please provide a list of dates and times you will be available for a hearing. All hearings are held on Wednesdays, Thursdays and Fridays. Indicate whether you prefer a morning or afternoon hearing. The dates you provide should be within the next three months. The Division will attempt to accommodate your request and will notify you by mail of your hearing date.

Month _____ Day _____ Year 20____ Morning or Afternoon (circle one)

Month _____ Day _____ Year 20____ Morning or Afternoon

Month _____ Day _____ Year 20____ Morning or Afternoon

Check here if you have no preference for a hearing date.

If you wish to have witnesses subpoenaed, please attach a list of names and addresses to this form.

FOR DUI HEARINGS ONLY

I wish to challenge the:

Secondary chemical test of the blood, breath, or urine.

The investigating officer will only attend the hearing if requested to do so.

I request the investigating officer's attendance. By law, DMV will subpoena the officer.

I wish to cross examine the individual or individuals who either administered the secondary chemical test of the blood, breath or urine or who performed the chemical analysis of the test.

If you check this box, the DMV will issue a subpoena(s) for you. It is your responsibility to serve the subpoena(s) at least 5 days prior to the hearing date.

IF YOU DO NOT COMPLETE THIS FORM IN ITS ENTIRETY, YOUR REQUEST FOR A HEARING WILL BE DENIED. Mail or hand-deliver this completed form to DMV Hearing Request, PO Box 17200, Charleston WV 25317.

IF YOUR ATTORNEY OR ANOTHER PARTY INTENDS TO REQUEST INFORMATION ON YOUR BEHALF, PLEASE COMPLETE THE RELEASE AUTHORIZATION SECTION BELOW.

RELEASE AUTHORIZATION

I, _____ / _____
(PLEASE PRINT NAME) (PLEASE SIGN NAME)

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

(Individual name and Company name, if applicable)

THE INDIVIDUAL RELEASED TO RECEIVE INFORMATION MUST INCLUDE A COPY OF THEIR GOVERNMENT ISSUED ID OR DRIVERS LICENSE. ALL REQUESTS FOR INFORMATION MUST HAVE THIS FORM COMPLETED OR THE REQUEST MAY NOT BE PROCESSED.

PLEASE CHECK APPROPRIATE FEE

- \$0.25 PER PAGE – COPY OF SUSPENSION/REVOCATION/DISQUALIFICATION FILE
- \$1.50 PER PAGE – PRODUCTION OF ORIGINAL TRANSCRIPT OF HEARING
- \$30.00 – COPY OF RECORDED TESTIMONY IN CD FORMAT
- \$25.00 – COPY OF RECORDED TESTIMONY IN CASSETTE FORMAT
- \$15.00 – COPY OF VIDEO TAPE SUBMITTED INTO EVIDENCE