

HEARING REQUEST FORM

You only need to submit this form if you intend to challenge your revocation or suspension. If you are represented by an attorney, your attorney may complete this form on your behalf.

Name _____ File Number _____

Address _____

Driver's License Number _____ Date of Birth _____

Daytime Telephone Number _____ Today's Date _____

Attorney's Name _____ Telephone Number _____

Attorney's Address _____

Check here if you are not represented by an attorney.

The order of revocation/suspension/disqualification should be reversed or modified because:

Please provide a list of dates and times you will be available for a hearing. **The Division conducts hearings on Wednesday, Thursday, and Friday of each week.** The dates you provide should be within the next three months, but no sooner than two weeks from the date you complete this hearing request. 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

Month _____ Day _____ Year 20 _____ Morning or Afternoon

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

If you want to have witnesses appear and testify, they must be served with subpoenas issued by the Division.

IF YOU DO NOT COMPLETE THIS FORM IN ITS ENTIRETY, YOUR REQUEST FOR A HEARING WILL BE DENIED. Mail or hand deliver to DMV Hearing Request, Building 3 Room 118, 1800 Kanawha Boulevard East, Charleston WV 25317.