

## DRIVER'S HEARING REQUEST INFORMATION

CASE / EVIDENCE NUMBER

SUBJECT'S NAME (LAST, FIRST, MI)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE / TIME OF ARREST
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DRIVER'S LICENSE NUMBER
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Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive.

You have the right to request a formal hearing to contest the suspension, revocation, or denial. Your request must be made in writing or postmarked within thirty (30) days after receipt of this notice. A fee of \$100 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within thirty (30) days from receipt of this notice, or the \$100 fee or Application for Fee Waiver Due to Indigence (see reverse) is not included, you will be deemed to have waived your right to a hearing.

Issues at a hearing are:

1. Whether you were under arrest.
2. Whether an officer had reasonable grounds to believe you had been driving or in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor of any drug, or whether an officer had reasonable grounds to believe you had been driving or in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
3. Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
4. Whether you refused to submit to the test, or if the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.

ATTORNEY'S NAME (IF ANY)		
ATTORNEYS ADDRESS		
CITY	STATE	ZIP + 4
ATTORNEY'S PHONE NUMBER (Include Area Code)		

YOUR SIGNATURE		
PRINT YOUR NAME		
YOUR ADDRESS		
CITY	STATE	ZIP + 4
DAYTIME PHONE NUMBER (Include Area Code)		

**YOU ARE HEREBY ADVISED** that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

<input type="checkbox"/> I need an interpreter	<input type="checkbox"/> Hearing Impaired
Primary language:	Dialect:

When completed, mail form and \$100.00 fee to:  
 Department of Licensing ~ Hearings and Interviews ~ P.O. Box 9031 ~ Olympia, WA 98507-9031

If applying for waiver of fee due to indigence, mail request form and fee waiver application (see reverse) to:  
 Department of Licensing ~ Hearings and Interviews ~ P.O. Box 9030 ~ Olympia, WA 98507-9031

### DETACH & CARRY WITH YOUR MARKED LICENSE

Any license in your possession, as marked by the arresting officer, is only valid for 60 days from the date of arrest or until the Department's action is upheld at a hearing, whichever occurs first. Any marked license is not valid to any greater degree than the license or permit it replaces.

Date of Arrest:	
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