

STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION
REQUEST FOR HEARING



PLEASE PRINT OR TYPE INFORMATION

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

Name

Address

City, State, Zip Code

Date of Birth

Social Security Number

Driver's License Number and State

Home Telephone Number

()

Work Telephone Number

()

DWI Citation Number and Arrest Date

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 Statement of Indigency (form MVD-10813).**

CHILD SUPPORT- Contesting the suspension of my driver's 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

Hand Deliver or Mail Request to:

Date

MOTOR VEHICLE DIVISION
DRIVER SERVICES BUREAU
1100 SOUTH ST. FRANCIS DRIVE, RM # 2093 / P. O. BOX 1028
SANTA FE, NEW MEXICO 87504-1028