

Driver's Hearing Request

CASE/ CITATION NUMBER

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. The hearing will be conducted according to Chapter 308-108 WAC.

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made in within 30 days after receipt of this notice, and may be made either online or in writing. A fee of \$200 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 30 days from receipt of this notice, or the \$200 fee or Hearing Fee Waiver Application is not included, you will be deemed to have waived your right to a hearing.

ONLINE REQUEST – If you have a Washington driver license and a valid MasterCard or Visa credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at dol.wa.gov

WRITTEN REQUEST – You may choose to request a hearing in writing. The request must be postmarked within 30 days after receipt of this notice. When completed, mail request form and \$200 fee to:
Hearings and Interviews, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

INDIGENCY– If applying for waiver of fee due to indigence, mail request form and fee waiver application (next page) to:
Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

1. Whether you were under lawful arrest.
2. Whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or was 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)--Do not list public defender			PRINT OR TYPE Your name (Last, First, Middle Initial)		
Attorney's address			Your mailing address		
City	State	ZIP code + 4	Your city	State	ZIP code + 4
Attorney's telephone number (Include area code)			Your daytime telephone number (Include area code)		
Attorney's FAX number (Include area code)			Your FAX number (Include area code)		
Attorney's email address			Date of birth	Date & time of arrest	County of arrest
Arresting agency			Driver license number		State
			Your signature X		

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.

Request for interpreter <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am Hearing Impaired	Primary language	Dialect
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Hearing Fee Waiver Application

If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$200 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 30 days of the date you received the notice of your right to a hearing.

Name <i>(Last, First, Middle Initial)</i>		Driver license number	Date of arrest								
Mailing address											
City	State	ZIP code + 4	Daytime telephone <i>(Include area code)</i>								
<p>Check any statement below that is true:</p> <p><input type="checkbox"/> The court has appointed a public defender to represent me on the charge arising out of the arrest for which I am requesting a Department of Licensing administrative hearing. <i>A copy of court appointment is attached.</i></p> <p><input type="checkbox"/> I am currently involuntarily committed to a public mental health facility. <i>Order is attached.</i></p> <p><input type="checkbox"/> I am receiving:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> temporary assistance for needy families</td> <td style="width: 50%;"><input type="checkbox"/> refugee resettlement benefits</td> </tr> <tr> <td><input type="checkbox"/> general assistance</td> <td><input type="checkbox"/> medicaid</td> </tr> <tr> <td><input type="checkbox"/> poverty-related veteran's benefits</td> <td><input type="checkbox"/> supplemental security income</td> </tr> <tr> <td><input type="checkbox"/> food stamps</td> <td></td> </tr> </table> <p style="text-align: center;"><i>Documentation of the receipt of benefits is attached.</i></p> <p>If any of the above statements are true, complete the Affidavit below and submit with your hearing request. If none of the above are true, continue and complete the following:</p>				<input type="checkbox"/> temporary assistance for needy families	<input type="checkbox"/> refugee resettlement benefits	<input type="checkbox"/> general assistance	<input type="checkbox"/> medicaid	<input type="checkbox"/> poverty-related veteran's benefits	<input type="checkbox"/> supplemental security income	<input type="checkbox"/> food stamps	
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<input type="checkbox"/> poverty-related veteran's benefits	<input type="checkbox"/> supplemental security income										
<input type="checkbox"/> food stamps											
<p>Eligibility information</p> <p>Total number of persons in your household <i>(include self)</i> _____</p> <p>If under age 21, does applicant live with parents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><i>If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).</i></p> <p>_____</p>											
<p>Monthly Income</p> <p>Self and spouse's monthly take-home pay \$ _____</p> <p>Contribution for any family member or other person with whom applicant lives, and who is helping to defray applicant's basic living costs \$ _____</p> <p>Interest, dividends, or other income <i>(specify)</i> \$ _____</p> <p>Pensions, annuities, social security and/or public assistance <i>(specify)</i> \$ _____</p>											
<p>Monthly Expenses</p> <p>Basic living costs <i>(average monthly amount spent by applicant for shelter, food, utilities, health care, transportation, clothing, loan payments, support payments and court-imposed obligations)</i> \$ _____</p> <p>Other unusual expenses, including bail obligations <i>(specify)</i> \$ _____</p>											
<p>Liquid Assets</p> <p>Cash, savings, bank accounts, including joint accounts \$ _____</p> <p>Stocks, bonds, certificates of deposit \$ _____</p> <p>Equity in real estate \$ _____</p> <p>Equity in motor vehicle necessary to maintain employment \$ _____</p> <p>Equity in additional motor vehicles \$ _____</p>											

AFFIDAVIT: *I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct and that I have not been denied a court-appointed attorney for financial reasons. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.*

X _____
 Signature Date signed Place signed

FOR DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____