MVD–10792
REV. 06/25

New Mexico Taxation & Revenue Department, 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.

Requestor Information			
Name			
Mailing Address			
City, State, ZIP Code			
Date of Birth	Social Security Number	Driver's License Number and State	
Phone Number ( )	Email	DWI Citation Number	Arrest Date

Reason for Hearing Request

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).

Requests 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).

Please indicate how you want to appear at your hearing by checking one of the boxes below:

I request a ☐ telephonic or ☐ videoconference hearing instead of an in-person hearing. *See* Reg. 22.600.6.10 (D) NMAC.

☐ **I request an in-person hearing.**

☐ **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

Date

Hand deliver or mail this completed and signed Request for Hearing to:
New Mexico Motor Vehicle Division
Driver Services Bureau
1100 South St. Francis Drive, Santa Fe NM 87505 Room 2093
P.O. Box 4340 Santa Fe, NM 87502-4043