

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		
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
Reason for Hearing Request		

I hereby request a hearing for the purpose of (check only one hearing type 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.

I request to appear remotely by telephone or videoconference at the above-requested hearing, as permitted by Regulations 22.600.1.15 (D) NMAC and/or 22.600.6.10 (D) NMAC. I voluntarily consent that by making this request, I waive any statutory in-person, in-county hearing requirement and agree that all parties (including my attorney, if any), witnesses (including the law enforcement officer, if any), and the hearing officer may appear remotely by telephone or videoconference at the time of the hearing. I understand that the hearing officer always retains the authority to convert the hearing to an in-person hearing as the circumstances require to ensure an adequate record.

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, Room 2093
 P.O. Box 4340, Santa Fe, NM 87505