



## NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

1220 S. St. Francis Drive, Room #269 | P.O. Box 6400, Santa Fe, NM 87502

Phone: (505) 827-0358 | Fax: (505) 827-0500

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TO: Scheduling Unit, Administrative Hearings Office  
P. O. Box 6400  
1220 South St. Francis Drive  
Santa Fe, NM 87502  
Phone: (505) 827-0358  
FAX: (505) 827-0500  
[Scheduling.Unit@state.nm.us](mailto:Scheduling.Unit@state.nm.us)

DATE:

FROM:

### Hearing Information

Driver's Name:

Hearing Date:

Driver's License Number:

Citation Number:

### WITHDRAWAL OF HEARING REQUEST

I hereby withdraw my request for a hearing in the above matter. I understand that I'm entitled to a hearing on the proposed revocation, and can arrange for legal representation about the proposed license revocation and hearing. Nevertheless, I knowingly and voluntarily wish to withdraw the previous request for hearing I filed in this matter. I understand that by withdrawing this request no hearing will be held and that my New Mexico driver's license or non-resident operating privileges will be revoked in accordance with the New Mexico Implied Consent Act.

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Name:

Mailing Address:

Telephone/Fax Number and Email Address: