

Request for DUI Hearing

This is your notice that the Department of Licensing (DOL) intends to suspend, revoke or deny your license, permit, or privilege to drive. You have the right to request a formal hearing to contest the suspension or revocation of your driving privilege. The hearing will be conducted according to Chapter 308-103 WAC. For issues covered at the hearing refer to RCW 46.20.308.

A non-refundable fee of \$375 must be included with your request, unless you are determined to be indigent (see Indigent Requests below). **Your request must be made within 20 days after receipt of this notice.** If your request is not made within 20 days after receipt of this notice, you will have waived your right to a hearing. You also waive your right to a hearing if you receive an Ignition Interlock Driver License.

Send this completed form with a check or money order payable to Department of Licensing to:

Hearings & Interviews Section
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

If you have a Washington State driver license and a valid MasterCard, Visa, or American Express credit card, you may apply for a hearing online. Visit our website at www.dol.wa.gov for more information.

Indigent Requests—If you are applying as indigent (defined in RCW 10.101.010) and want the hearing fee waived, use form HRNG-525-010, Application for DUI Indigent Waiver, available at our website at www.dol.wa.gov.

All correspondence will be mailed to the address on file with DOL. To update your address, visit us online at www.dol.wa.gov or go to your local licensing office.

PRINT or TYPE Name (<i>Last, First, Middle</i>)				
Date of birth	Driver license number	State	Date of arrest	(Area code) Telephone number
Attorney name, if applicable (Do not list public defender)				
Attorney address (<i>Address, City, State, ZIP code</i>)				
(Area code) Attorney telephone number	(Area code) Attorney fax number	Attorney email		

If parties or witnesses are 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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Authority: RCW 46.20.308