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
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 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).

If you want the officer to be a witness at your hearing, you **must** so indicate by checking the box below. If you do not check the box below the police officer will not be required to attend the hearing, and the hearing officer will instead rely on an affidavit submitted by the officer.

   ☐ I want the officer to be a witness at my 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.

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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 1028
Santa Fe, NM 87504-1028