



The Law Office of  
**Kimberly Griffin Tucker, P.C.**

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*www.kgtlaw.com*

**ALR hearing REQUEST FORM**

(Print, complete & fax this form to (512) 424-2650 within fifteen days of the date of your arrest or the date you were served with the Notice of Suspension / DIC-25)

Dear Sir/Madame:

I want to request an in person hearing and hereby provide you with the following information in connection with this request:

Full name \_\_\_\_\_

DOB \_\_\_\_\_

Texas / or other state \_\_\_\_\_ driver's license number \_\_\_\_\_

Current address \_\_\_\_\_  
Street name & no. \_\_\_\_\_ city, state zip \_\_\_\_\_

Telephone number \_\_\_\_\_

Date of arrest \_\_\_\_\_

County of arrest \_\_\_\_\_

Arresting Officer \_\_\_\_\_

Arresting agency \_\_\_\_\_

Did you refuse or allegedly fail a breath or blood test? \_\_\_\_\_ refuse \_\_\_\_\_ fail

\_\_\_\_\_  
signature

\_\_\_\_\_  
date