

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