

REQUEST FOR ALR HEARING

TO: Texas Department of Public Safety, fax #: (512) 424-2650
Texas Department of Public Safety, P.O. Box 4040, Austin, TX 78765

Please type or print clearly.

Date faxed : _____

Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

(WARNING: DPS may mail notices of hearings and other important information to the address on your driver's license - update it immediately)

Home Telephone Number: _____

Work/daytime Telephone Number: _____

Driver's License Number/Issuing State: _____

Date of Birth: _____

Date of Arrest: _____

County of Arrest: _____

Arresting Agency: _____

Arresting Officer and Badge Number (if known): _____

I AM REQUESTING AN IN-PERSON HEARING.

I HEREBY REQUEST A HEARING FOR THE PURPOSE OF (Check only one)

_____ FAILED TEST: Contesting the suspension of my driver's license and/or driving privilege based on alleged failure of breath/blood/urine test, the result being allegedly 0.08 or greater.

_____ REFUSED TEST: Contesting the suspension of my driver's license and/or driving privilege based on alleged refusal of breath/blood/urine test.

The request for hearing must be received by (not just mailed to) the Texas Department of Public Safety no later than fifteen (15) days after you have been served with notice of suspension, which is normally served on the day of arrest. It is advisable that you fax this document and get a printed confirmation that the fax was sent and received before the deadline.

This form is provided as a courtesy, and does not establish an attorney-client relationship. You are not required to use this or any other form, so long as the required information is provided.