

D.M.V. HEARING REQUEST

Name: _____ Driver's License No. _____

I was arrested for drunk driving (or a related offense) on (date)_____.

The location of the arrest was (describe general location) _____.

The agency that arrested me was (Police, Sheriff, CHP, Not Sure) _____.

I demand a D.M.V. hearing, and a stay of license suspension or revocation until the hearing and decision.

Please provide me with copies of all evidence that the D.M.V. intends to use against me.

At this time I request that my hearing be conducted in person, and not by telephone.

Dated: _____ Signature: _____

Telephone Number: _____

D.M.V. Driver Safety Field Office Phone and Fax Numbers

Southern California:

City of Commerce.....	Tel: (323) 724-4000	Fax: (323) 724-9262
El Segundo.....	Tel: (310) 615-3500	Fax: (310) 615-3581
Irvine.....	Tel: (949) 440-4416	Fax: (949) 440-4424
Oxnard.....	Tel: (805) 488-0863	Fax: (805) 271-8174
San Bernardino.....	Tel: (909) 383-7413	Fax: (909) 383-7439
San Diego.....	Tel: (858) 627-3901	Fax: (858) 627-3925
Van Nuys.....	Tel: (818) 376-4217	Fax: (818) 376-4215

Northern California:

Fresno.....	Tel: (559) 488-4292	Fax: (559) 445-5657
Oakland.....	Tel: (510) 563-8951	Fax: (510) 563-8951
Sacramento.....	Tel: (916) 227-2970	Fax: (916) 227-2901
San Francisco.....	Tel: (415) 557-1170	Fax: (415) 557-7375
San Jose.....	Tel: (408) 277-1314	Fax: (408) 277-1033