



STATE OF MICHIGAN
TERRI LYNN LAND, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

REQUEST FOR ADMINISTRATIVE REVIEW OR HEARING

Full Name _____
(Please print exactly as it appears on your driver's license or personal identification card issued by the State of Michigan.)

Street Address _____

City of Residence _____ State _____ ZIP Code _____ Birthdate _____

Michigan License Number _____ Telephone _____
(8 a.m. - 5 p.m.)

Attorney's Name _____ Bar Number _____
(If retained for this matter)

Attorney's Address _____

Attorney's Telephone _____ Attorney's Fax _____

OPTION I - Administrative Review (This option is only available to Michigan residents seeking the removal of restrictions or to non-Michigan residents attempting to clear their Michigan driving record. The licensing action being appealed cannot involve a fatality.)

_____ I am requesting an administrative review and have enclosed all documents as requested, including the Petitioner's Affidavit (Form 3). I understand that the administrative review will be based on the written proofs that I submit along with this form, and that the department may or may not accept additional evidence. I understand that previous license appeal orders may be considered in making a decision. I also understand the administrative review will not be recorded and that no testimony will be taken. I further understand the decision will be mailed after the administrative review has been completed. Selecting this option does not affect my eligibility for a hearing.

OPTION II - Hearing (Check all that apply)

_____ I will personally attend a hearing regarding the restoration of my driving privileges. I will be notified of the scheduled date, time and location.

_____ I will need a sign language interpreter. I understand the department will make arrangements for the sign language interpreter to appear at the hearing.

_____ I will need a foreign language interpreter. I understand that I must provide my own foreign language interpreter, that my foreign language interpreter must be qualified and that I cannot have a family member, friend or other interested person serve as my foreign language interpreter.

Signature _____ Date _____

PLEASE FORWARD THIS FORM AND ALL REQUIRED DOCUMENTATION TO:

Michigan Department of State
Driver Assessment and Appeal Division
P.O. Box 30196 • Lansing, MI 48909-7696
Fax: 517-335-2190