



DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Driver Services, Driver Control
REQUEST FOR ADMINISTRATIVE HEARING

Notice: In order to contest the administrative suspension, revocation or disqualification, the hearing request must be submitted within seven (7) calendar days from arrest. The hearing request will not delay your suspension, revocation or disqualification from beginning 30 days from the date of arrest unless you receive a favorable determination. A letter will be sent to the address indicated below notifying you of the status of your hearing.

This form must be fully complete and can be submitted in one of the following ways:

By Mail:

Office of Driver Control
P.O. Box 8078
Little Rock, AR 72203-8078

By Fax:

(501) 682-4400

By Email:

dui.group@dfa.arkansas.gov

License Information:

FIRST NAME		LAST NAME		MIDDLE
<input type="text"/>		<input type="text"/>		<input type="text"/>
STREET ADDRESS				
<input type="text"/>				
CITY		STATE	ZIP CODE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER		TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Arrest Information:

DATE OF ARREST	CITY OF ARREST	COUNTY OF ARREST
<input type="text"/>	<input type="text"/>	<input type="text"/>
WHAT COURT ARE YOU SCHEDULED TO APPEAR?		ARRESTING OFFICER NAME, AGENCY AND/OR BADGE NUMBER
<input type="text"/>		<input type="text"/>

Desired Hearing Information:

<input type="checkbox"/> IN PERSON	COUNTY WHERE YOU REQUEST HEARING TO BE HELD?
	<input type="text"/>
<input type="checkbox"/> PHONE	PHONE NUMBER FOR HEARING:
	<input type="text"/>
HEARING TYPE REQUESTED:	
<input type="checkbox"/> I request an administrative hearing to contest the suspension, revocation or disqualification of my driving privilege. <input type="checkbox"/> I request an administrative hearing to be considered for a restricted driving permit which would allow me to drive for employment, educational, medical or alcohol safety education and treatment courses, or an interlock restricted license. <input type="checkbox"/> I request an administrative hearing to be considered for a restricted non-commercial privilege during the disqualification of my commercial privilege. <input type="checkbox"/> I request an administrative hearing to contest the suspension, revocation or disqualification of my motor vehicle registration.	

You do not have to be represented by an attorney. However, if you are represented by an attorney please list the name and address of the attorney to be notified.

NAME		TELEPHONE NUMBER	
<input type="text"/>		<input type="text"/>	
STREET ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

