Request for Hearing:

nur	mber(s)	(Issues are listed below.)
Aff	firmative Address Statement:	
	The address on my master driving record is correct. Send all correspondence to this address.	
	☐ The address on the reverse side is only a temporary address. Send all correspondence to this address. Please DO NOT CHANGE the address on my master driving record file.	
obt	you need to inform the Department of State tain our change of address form by telephote (517) 335-4329 or over the Internet at www.	ne 1-888-SOS-MICH (888-767-6424), by
Signature		Date
Driver's License Number		Telephone

I request a hearing before the Driver Assessment and Appeal Division to contest issues

This request for hearing must be mailed within 14 days of the receipt of the Officer's Report of Refusal to Submit to Chemical Test containing the Notice of suspension, or your operator's or chauffeur's license and vehicle group designation or operating privilege will be suspended. Send this form with your original signature. Do not send a photocopy.

Mail to: Michigan Department of State Driver Assessment and Appeal Division P.O. Box 30196 Lansing, MI 48909-7696

Hearing Issues:

MCL 257.625f limits the issues appealable at a hearing ONLY to the following:

- 1. Whether the peace officer had reasonable grounds to believe that you committed a crime described in MCL 257.625c(1).
- 2. Whether you were placed under arrest for a crime described in MCL 257.625c(1).
- 3. If you refused to submit to a chemical test upon the request of the officer, whether the refusal was reasonable.
- 4. Whether you were advised of your rights under MCL 257.625a.