



# Georgia Department of Driver Services Hearing Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Name of Suspension:

- DUI/Administrative License Suspension (\$150.00 fee)
- Implied Consent License Suspension (\$150.00 fee)
- Limited Permit Revocation (Permit issued for 2<sup>nd</sup> DUI) (\$250.00 fee)
- Other Suspension

If Other, Name of suspension \_\_\_\_\_  
(as shown on notice of suspension)

Violation Date: \_\_\_\_\_ Date of DUI Arrest(if applicable): \_\_\_\_\_

Agency or County Issuing Citation: \_\_\_\_\_  
(as shown on notice of suspension)

Name of Attorney (if applicable): \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Please state why you contest this suspension:

\_\_\_\_\_  
\_\_\_\_\_

Please list any witnesses you intend to call at the hearing:

\_\_\_\_\_  
\_\_\_\_\_

If a filing fee is required for this hearing, full payment is due when this request is submitted. Please note that the Department of Driver Services (DDS) is unable to accept partial payments for hearing requests. Only requests paid in full will be processed. **ALS/IC ONLY** - Upon receipt of your hearing request, filing fee, and the DDS Form 1205 from the arresting officer, this case will be docketed with the Office of State Administrative Hearings (OSAH), and the DDS will mail an extension of your temporary driving permit if your license/driving privilege is otherwise valid. You will receive notice of the date, time and place of the hearing by mail from OSAH.

Customer's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Attorney's Signature \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR DEPARTMENTAL USE ONLY**

CSC # \_\_\_\_\_ Team Member \_\_\_\_\_ DATE \_\_\_\_\_