

ALR HEARING REQUEST

Fax this form to EACH of these numbers: (512) 424-2650
(512) 424-7171

Name _____ Drivers License No. _____

I was arrested for DWI or a related offense on (date) _____

The officers say I failed / refused (circle one) the breath or blood test.

The location of the arrest was (describe location, street, county):

Street, Road, Highway	City or Town	Texas County
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The agency that arrested me was _____ (location)
(Police, Sheriff, Constable, Game Warden, Park Ranger, Department of Public Safety or Other).

I request an ALR hearing, and a stay of driving license suspension or revocation until the hearing and decision.

Please provide me with copies of all evidence that the Texas Department of Public Safety intends to use against me. Specifically, I request copies of the following documents: DIC-23, DIC-24, DIC-25, DIC56, Driving Record, TLE-1, TLE-1A, DIC-24-S, DIC-25S, Criminal Complaint, Intoxilyzer Slip, STS-3, Offense Report, and Notice of Hearing.

I request that my hearing be held in person (not by telephone) in _____
(Beaumont), Texas

Dated _____ Signature _____

Telephone _____ Printed Name _____