

REQUEST FOR HEARING

Please attach a copy of the Notice of Vehicle Seizure Form to this request and hand deliver to the Office of Administrative Hearings, (1st Galleria Plaza, 200 3rd St. N.W., Suite 735, Albuquerque, N.M. 87103) 7th Floor. Telephone No. (505) 768-4700. You must pay a \$50.00 filing fee (payment must be in the form of a certified check or money order) made payable to the "City of Albuquerque" Mailing address: Office of Administrative Hearings- P.O. Box 1293-Albuquerque, N.M. 87103.

_____ Year, make, model and color of subject vehicle
_____ (VIN) – Vehicle Identification Number
_____ License Plate Number
_____ Date of Seizure/Arrest
_____ Name of Person Arrested (Offender)

Person Requesting Hearing

_____ Name
_____ Address
_____ Phone Number

Are you the registered/titled owner of the vehicle? Yes No
If you are not the registered owner, please state why you are requesting a hearing.

Reason for Seizure: DWI Revoked Driver's License Offence Involving a Handgun

Are you also the offender? Yes No
If you are not the offender, please state your relationship to the offender.

Please state how offender obtained the vehicle?

Has this vehicle been involved in any prior DWI arrest of offender? Yes No
Please write a short statement why the City should order the vehicle released to you.

Will you require a translator for the hearing? Yes No

I hereby certify that all the above information is true to the best of my knowledge.

The Hearing Officer may reject any Requests if the requested information is not provided.

Signature Required