

XXXXXX X

ABSTRACT OF RECORD



MICROFILM NUMBER, DO NOT WRITE, STAPLE OR PUNCH ABOVE THIS LINE
STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____
CITY OF: _____ **DWI CITATION**
MVD-10811
REV. 04/05

COURT DOCKET NO.		
HEARING DATE	COUNSEL REQUESTED	
	COUNSEL WAIVED	
COUNSEL NAME		
ADDRESS		
CITY STATE ZIP CODE		
PLEA OF DEFENDANT	<input type="checkbox"/> NOLO	<input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY
COURT FINDING:	<input type="checkbox"/> GUILTY	<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> DISMISSED
<input type="checkbox"/> NOLLE PROSEQUI		
SENTENCE OF COURT:		
<input type="checkbox"/> FINE \$ _____	Suspended Amt. \$ _____ (IF ANY)	
<input type="checkbox"/> JAIL _____ DAYS	Suspended Days _____ (IF ANY)	
LAB FEES	BOND FORFEIT	COSTS
\$ _____	\$ _____	\$ _____
REMARKS		
<input type="checkbox"/> DWI SCHOOL		
THIS IS A CORRECT ABSTRACT OF COURT ACTION FOR DEFENDANT AND OFFENSE SHOWN.		
SIGNATURE OF MAGISTRATE OR JUDGE		
PRINTED NAME OF MAGISTRATE OR JUDGE		
NAME OF COURT	DATE	
ADDRESS	POST OFFICE	
DISTRIBUTION		
OFFICER TO FORWARD THIS COPY TO THE COURT, COURT TO COMPLETE ABSTRACT OF RECORD ABOVE AND MAIL THIS COPY TO THE MOTOR VEHICLE DIVISION, DRIVER SERVICES BUREAU, DWI SECTION, P.O. BOX 1028, SANTA FE, NEW MEXICO 87504-1028.		
ABSTRACT COPY		

DRIVER INFORMATION	NAME (LAST)		(FIRST)		(M.I.)											
	ADDRESS															
	CITY		STATE	ZIP CODE												
	DRIVER LICENSE NUMBER		STATE	EXPIRES	CLASS ENDORSEMENTS											
	DATE OF BIRTH	AGE	SEX	HEIGHT	WT											
	SOCIAL SECURITY NUMBER															
	COLOR	YEAR	MAKE/MODEL	TYPE	STATE											
	LICENSE PLATE NUMBER															
	TRAFFIC		WEATHER		ROAD	LIGHT	ACCIDENT									
	LT	MED	HV	CL	FG	RN	SN	DST	D	W	I	S	LT	DS	DK	YES
CMV <input type="checkbox"/> YES <input type="checkbox"/> NO					PASSENGER (16 OR MORE) <input type="checkbox"/> YES <input type="checkbox"/> NO											
HZ MT <input type="checkbox"/> YES <input type="checkbox"/> NO					DOT NUMBER _____											
THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING:																
<input type="checkbox"/> 66-8-102 NMSA 1978					<input type="checkbox"/> STATUTE OR ORDINANCE & SECTION: _____											
COMMON NAME OF OFFENSE: <u>Driving Under the Influence of Intoxicating Liquor or Drug</u>																
ON _____ 20 AT _____ HRS _____																
DAY DATE MILITARY TIME LOCATION																
MILEPOST OR NEAREST INTERSECTION _____																
DISTRICT: _____																
ESSENTIAL FACTS: _____																
PRINTED OFFICER'S NAME _____ BLOOD ALCOHOL CONCENTRATION _____																
OFFICER'S SIGNATURE _____					I.D. NO.	SHIFT	CURRENT DATE									
YOU ARE TO APPEAR IN <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> METROPOLITAN <input type="checkbox"/> OTHER: _____ COURT																
ADDRESS _____																
ON OR BEFORE _____ 20 AT _____ AM _____ PM _____																

LITE LINE GLUE BTWN PTS. 1 & 2

XXXXXX X

ABSTRACT OF RECORD



MICROFILM NUMBER, DO NOT WRITE, STAPLE OR PUNCH ABOVE THIS LINE
STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____
CITY OF: _____ **DWI CITATION**
MVD-10811
REV. 04/05

COURT DOCKET NO.		
HEARING DATE	COUNSEL REQUESTED	
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PLEA OF DEFENDANT <input type="checkbox"/> NOLO <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY		
COURT FINDING: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> DISMISSED		
<input type="checkbox"/> NOLLE PROSEQUI		
SENTENCE OF COURT: <input type="checkbox"/> FINE \$ _____ Suspended Amt. \$ _____ (IF ANY) <input type="checkbox"/> JAIL _____ DAYS Suspended Days _____ (IF ANY)		
LAB FEES	BOND FORFEIT	COSTS
\$ _____	\$ _____	\$ _____
REMARKS <input type="checkbox"/> DWI SCHOOL		
THIS IS A CORRECT ABSTRACT OF COURT ACTION FOR DEFENDANT AND OFFENSE SHOWN.		
SIGNATURE OF MAGISTRATE OR JUDGE		
PRINTED NAME OF MAGISTRATE OR JUDGE		
NAME OF COURT	DATE	
ADDRESS	POST OFFICE	
DISTRIBUTION		
THIS COPY TO BE RETAINED BY THE COURT		
COURT COPY		

VEH DRIVER INFORMATION	NAME (LAST)		(FIRST)		(M.I.)											
	ADDRESS															
	CITY		STATE	ZIP CODE												
	DRIVER LICENSE NUMBER		STATE	EXPIRES	CLASS ENDORSEMENTS											
	DATE OF BIRTH	AGE	SEX	HEIGHT	WT											
	SOCIAL SECURITY NUMBER															
	COLOR	YEAR	MAKE/MODEL	TYPE	STATE											
	LICENSE PLATE NUMBER															
	TRAFFIC		WEATHER		ROAD	LIGHT	ACCIDENT									
	LT	MED	HV	CL	FG	RN	SN	DST	D	W	I	S	LT	DS	DK	YES
CMV	<input type="checkbox"/> YES <input type="checkbox"/> NO		PASSENGER (16 OR MORE)		<input type="checkbox"/> YES <input type="checkbox"/> NO											
HZ	MT	<input type="checkbox"/> YES <input type="checkbox"/> NO		DOT NUMBER												
THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING:																
<input type="checkbox"/> 66-8-102 NMSA 1978		<input type="checkbox"/> STATUTE OR ORDINANCE & SECTION: _____														
COMMON NAME OF OFFENSE: <u>Driving Under the Influence of Intoxicating Liquor or Drug</u>																
ON _____ 20 _____ AT _____ HRS _____ LOCATION _____																
MILEPOST OR NEAREST INTERSECTION _____ DISTRICT: _____																
ESSENTIAL FACTS: _____																
PRINTED OFFICER'S NAME _____ BLOOD ALCOHOL CONCENTRATION _____																
OFFICER'S SIGNATURE					I.D. NO.	SHIFT	CURRENT DATE									
YOU ARE TO APPEAR IN <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> METROPOLITAN <input type="checkbox"/> OTHER: _____ COURT																
ADDRESS _____																
ON OR BEFORE _____ 20 _____ AT _____ AM _____ PM _____																

LITE LINE GLUE BTWN PTS. 1 & 2

XXXXXX X



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STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____ **DWI CITATION**
CITY OF: _____ MVD-10811
REV. 04/05

DRIVER INFORMATION	NAME (LAST)										(FIRST)										(M.I.)	
	ADDRESS																					
	CITY										STATE					ZIP CODE						
	DRIVER LICENSE NUMBER										STATE		EXPIRES				CLASS		ENDORSEMENTS			
	DATE OF BIRTH				AGE		SEX		HEIGHT		WT		SOCIAL SECURITY NUMBER									
	COLOR		YEAR		MAKE/MODEL						TYPE		STATE		LICENSE PLATE NUMBER							
	TRAFFIC			WEATHER					ROAD					LIGHT			ACCIDENT					
LT	MED	HV	CL	FG	RN	SN	DST	D	W	I	S	LT	DS	DK	YES	NO						
CMV		<input type="checkbox"/> YES <input type="checkbox"/> NO		HZ MT		<input type="checkbox"/> YES <input type="checkbox"/> NO		PASSENGER (16 OR MORE)				<input type="checkbox"/> YES <input type="checkbox"/> NO		DOT NUMBER _____								
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<input type="checkbox"/> 66-8-102 NMSA 1978										<input type="checkbox"/> STATUTE OR ORDINANCE & SECTION: _____												
COMMON NAME OF OFFENSE: <u>Driving Under the Influence of Intoxicating Liquor or Drug</u>																						
ON _____		DAY _____				DATE _____		20 _____		AT _____		HRS _____		LOCATION _____								
MILEPOST OR NEAREST INTERSECTION _____										DISTRICT: _____												
ESSENTIAL FACTS: _____																						
PRINTED OFFICER'S NAME _____										BLOOD ALCOHOL CONCENTRATION _____												
OFFICER'S SIGNATURE _____										I.D. NO.		SHIFT		CURRENT DATE								
YOU ARE TO APPEAR IN <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> MUNICIPAL										<input type="checkbox"/> METROPOLITAN <input type="checkbox"/> OTHER: _____ COURT												
ADDRESS _____																						
ON OR BEFORE _____										20 _____		AT _____		AM _____		PM _____						

DISTRIBUTION

OFFICER TO FORWARD THIS COPY, THE CONFISCATED VALID NEW MEXICO DRIVER'S LICENSE (WHEN APPLICABLE) AND THE MVD COPY OF THE LAW ENFORCEMENT OFFICER'S STATEMENT (WHEN APPROPRIATE) TO THE MOTOR VEHICLE DIVISION, DRIVER SERVICES BUREAU, DWI SECTION, P.O. BOX 1028, SANTA FE, NEW MEXICO 87504-1028.

MOTOR VEHICLE DIVISION COPY

XXXXXX X



MICROFILM NUMBER, DO NOT WRITE, STAPLE OR PUNCH ABOVE THIS LINE
STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____ **DWI CITATION**
CITY OF: _____ MVD-10811
REV. 04/05

DRIVER INFORMATION	NAME (LAST)										(FIRST)										(M.I.)																			
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	DATE OF BIRTH					AGE					SEX					HEIGHT					WT					SOCIAL SECURITY NUMBER														
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	TRAFFIC					WEATHER					ROAD					LIGHT					ACCIDENT																			
LT		MED		HV		CL		FG		RN		SN		DST		D		W		I		S		LT		DS		DK		YES		NO								
CMV <input type="checkbox"/> YES <input type="checkbox"/> NO										PASSENGER (16 OR MORE) <input type="checkbox"/> YES <input type="checkbox"/> NO										HZ MT <input type="checkbox"/> YES <input type="checkbox"/> NO										DOT NUMBER _____										
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YOU ARE TO APPEAR IN <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> MUNICIPAL										<input type="checkbox"/> METROPOLITAN <input type="checkbox"/> OTHER: _____ COURT																														
ADDRESS _____																																								
ON OR BEFORE _____ 20 _____ AT _____ AM _____ PM _____																																								

DISTRIBUTION

THIS COPY TO BE RETAINED BY THE OFFICER AND REPORTED AS INSTRUCTED.

ISSUING AGENCY/STATISTICAL COPY

PERF ALL PTS.

XXXXXX X

State of New Mexico
Taxation & Revenue Department
MOTOR VEHICLE DIVISION

NOTICE OF REVOCATION

Este documento es muy importante. Si no entiende ni lee ingles, por favor, haga que se lo traduzcan.



MICROFILM NUMBER, DO NOT WRITE, STAPLE OR PUNCH ABOVE THIS LINE
STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____
CITY OF: _____ **DWI CITATION**
MVD-10811
REV. 04/05

DRIVER INFORMATION	NAME (LAST)		(FIRST)		(M.I.)	
	ADDRESS					
	CITY		STATE		ZIP CODE	
	DRIVER LICENSE NUMBER		STATE	EXPIRES	CLASS	ENDORSEMENTS
	DATE OF BIRTH	AGE	SEX	HEIGHT	WT	SOCIAL SECURITY NUMBER

I. NOTICE OF REVOCATION: YOUR DRIVING PRIVILEGES WILL BE REVOKED IN TWENTY (20) DAYS.

Request for Hearing: You may request a hearing on this revocation. The request must be made in writing within ten (10) days from date of service of this notice. **If you do not request a hearing,** your driver license and/or driving privilege is hereby revoked, pursuant to the Implied Consent Act (Section 66-8-111 NMSA 1978), effective twenty (20) days from receipt of this notice. **Revocation Duration information and Hearing Request instructions are explained on the back side of this form.**

II. TEMPORARY DRIVER LICENSE: If you are validly licensed in New Mexico, this document will serve as your temporary license for 20 days. **If you request a hearing,** this period will be extended until otherwise ordered by the hearing officer. If you are licensed in another state this notice does not affect your license itself, but only your privilege to drive in New Mexico.

III. LAW ENFORCEMENT OFFICER'S STATEMENT

I hereby swear or affirm that on the _____ day of _____, 20____, I arrested the above-named person based on my reasonable grounds to believe that he/she had been driving a motor vehicle commercial motor vehicle while under the influence of intoxicating liquor or drugs in the County of _____, New Mexico. Details of said grounds are specified below.

REASON FOR STOP: _____

BASIS FOR CONCLUSION THAT PERSON WAS DRIVING: SAW PERSON DRIVING PERSON ADMITTED DRIVING

OTHER: _____

BASIS FOR CONCLUSION THAT PERSON WAS UNDER INFLUENCE:

ODOR OF ALCOHOL BLOODSHOT, WATERY EYES SLURRED SPEECH DRIVER'S ADMISSION

PERFORMANCE ON FIELD SOBRIETY TESTS, (OPTIONAL) DESCRIBE FIELD TESTS: _____

OTHER INFORMATION: _____

REFUSED TEST - The above-named person was asked to submit to a chemical test to determine his/her blood or breath alcohol content and, after being advised that failure to submit to a chemical test could result in the revocation of his/her driver's license and/or driving privileges in New Mexico, refused to submit to such a chemical test. ACTIONS WORDS: (OPTIONAL) ("_____")

SUBMITTED TO TEST - All references to alcohol concentration are as defined in Section 66-8-110(E), NMSA 1978.
 BREATH TEST - The above-named person submitted to a breath test and the test result indicated an alcohol concentration of eight one hundredths or more in the person's breath if the driver is 21 years of age or older or an alcohol concentration of two one-hundredths or more if the person is less than 21 years of age or an alcohol concentration of four one-hundredths or more and the person was driving a commercial motor vehicle. The actual test result was _____.

BLOOD TEST - The above-named person submitted to a blood test and the test result was received from the laboratory on (date) _____. The test result indicated the person had an alcohol concentration of eight one-hundredths or more in the person's blood if the driver is 21 years of age or older or an alcohol concentration of two one-hundredths or more if the person is less than 21 years of age or an alcohol concentration of four one-hundredths or more and the person was driving a commercial motor vehicle. The actual test result was _____.

SERVICE - I personally served a copy of this document on the person named above on this _____ day of _____, 20____.

DECLARATION - I hereby declare under the penalty of perjury that the information given in this statement is true and correct to the best of my knowledge.

Printed Arresting Officer's Name & ID Number

Officer's Agency and Agency Code

Arresting Officer's Signature

Name and Agency of every other Officer who should be subpoenaed to any hearing requested, including officer who administered test, if different from arresting officer (Full name, ID No & agency): _____

I received the Notice of Revocation on _____ Date, _____ Driver's Signature

Law enforcement officer check one of these statements if applicable: Driver unable to sign Driver refused to sign

MOTOR VEHICLE DIVISION COPY

PERF ALL PTS.

XXXXXX X

State of New Mexico
Taxation & Revenue Department
MOTOR VEHICLE DIVISION

NOTICE OF REVOCATION

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STATE OF NEW MEXICO
COUNTY OF: _____ COUNTY CODE: _____
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DRIVER INFORMATION	NAME (LAST)		(FIRST)		(M.I.)	
	ADDRESS					
	CITY			STATE	ZIP CODE	
	DRIVER LICENSE NUMBER		STATE	EXPIRES	CLASS	ENDORSEMENTS
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III. LAW ENFORCEMENT OFFICER'S STATEMENT

I hereby swear or affirm that on the _____ day of _____, 20____, I arrested the above-named person based on my reasonable grounds to believe that he/she had been driving a motor vehicle commercial motor vehicle while under the influence of intoxicating liquor or drugs in the County of _____, New Mexico. Details of said grounds are specified below.

REASON FOR STOP: _____

BASIS FOR CONCLUSION THAT PERSON WAS DRIVING: SAW PERSON DRIVING PERSON ADMITTED DRIVING

OTHER: _____

BASIS FOR CONCLUSION THAT PERSON WAS UNDER INFLUENCE:

ODOR OF ALCOHOL BLOODSHOT, WATERY EYES SLURRED SPEECH DRIVER'S ADMISSION

PERFORMANCE ON FIELD SOBRIETY TESTS, (OPTIONAL) DESCRIBE FIELD TESTS: _____

OTHER INFORMATION: _____

REFUSED TEST - The above-named person was asked to submit to a chemical test to determine his/her blood or breath alcohol content and, after being advised that failure to submit to a chemical test could result in the revocation of his/her driver's license and/or driving privileges in New Mexico, refused to submit to such a chemical test. ACTIONS WORDS: (OPTIONAL) ("_____")

SUBMITTED TO TEST - All references to alcohol concentration are as defined in Section 66-8-110(E), NMSA 1978.

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SERVICE - I personally served a copy of this document on the person named above on this _____ day of _____, 20____.

DECLARATION - I hereby declare under the penalty of perjury that the information given in this statement is true and correct to the best of my knowledge.

Printed Arresting Officer's Name & ID Number

Officer's Agency and Agency Code

Arresting Officer's Signature

Name and Agency of every other Officer who should be subpoenaed to any hearing requested, including officer who administered test, if different from arresting officer (Full name, ID No & agency): _____

I received the Notice of Revocation on _____, _____
Date Driver's Signature

Law enforcement officer check one of these statements if applicable: Driver unable to sign Driver refused to sign

VIOLATOR'S COPY



NOTICE AND DURATION OF REVOCATION

Under New Mexico law (Section 66-8-111 NMSA 1978), upon receipt of a statement signed under penalty of perjury from a law enforcement officer (the front side of this document), the Secretary of the Taxation and Revenue Department shall revoke your driver license for at least the applicable period listed below:

1. For a period of one (1) year, or until all conditions for license reinstatement are met, whichever is later; if you refused to submit to any chemical test after being advised that failure to submit could result in revocation of your privilege to drive.
2. For a period of six (6) months, or until all conditions for license reinstatement are met, whichever is later; if you are twenty-one years of age or older, took the chemical test, and the results showed a blood-alcohol concentration at or above the per se limit.
3. For a period of six (6) months, or until all conditions for license reinstatement are met, whichever is later; if you were driving a commercial motor vehicle, took a chemical test, and the results showed a blood-alcohol concentration above the legal limit.
4. For a period of one (1) year, or until all conditions for license reinstatement are met, whichever is later; if you are less than twenty-one, took the test, and the results showed a blood-alcohol concentration at or above the per se limit.
5. For a period of one (1) year, or until all conditions for license reinstatement are met, whichever is later; if you took the chemical test, and the results showed a blood-alcohol concentration at or above the per se limit, and you have previously had your license revoked pursuant to the provisions of the Implied Consent Act.

EFFECTIVE DATE OF REVOCATION

This revocation shall become effective twenty (20) days from the day this Notice was served on you. See date noted in the SERVICE section on the front side. However, the revocation will not go into effect until after the hearing, if a hearing is held and the hearing officer finds the revocation to be proper.

REQUEST FOR HEARING

NOTE: The hearing on your license revocation is completely separate from your court hearing on the DWI criminal charge.

New Mexico law (Section 66-8-112 NMSA 1978) provides that **IF YOU WISH TO CONTEST THE REVOCATION OF YOUR DRIVER LICENSE** described on the front side of this form, the Driver Services Bureau of the Motor Vehicle Division of the New Mexico Taxation and Revenue Department must **RECEIVE** your **WRITTEN** request for a hearing within **TEN (10) CALENDAR DAYS FROM THE DATE THAT THIS NOTICE WAS SERVED ON YOU**. The date this notice was served is stated under SERVICE on the front side. State law does not permit the department to consider an untimely request for a hearing.

NOTE: This hearing request must be accompanied by a check or money order payment of \$25.00 (no cash) or Form MVD-10813, Statement of Indigency, (available at any motor vehicle field office or on the internet.)

Your **WRITTEN** request for a hearing may be submitted in person at the Driver Services Bureau of the Motor Vehicle Division in the Montoya Building, 1100 S. St. Francis Drive, Santa Fe, New Mexico or mailed to Driver Service Bureau, Motor Vehicle Division, P.O. Box 1028, Santa Fe, N.M. 87504-1028. A telephone call cannot be accepted as your request for hearing, but if additional information is needed, the number is (505) 827-2241.

To make a request for a hearing, state in writing that you desire a hearing concerning this revocation and either attach a photocopy of the front side of this form and include complete identifying information, including your full name, date of birth, social security number, driver's license number, return address, telephone number, citation number, date of arrest and arresting agency.

The hearing is only for contesting the revocation of your driving privilege based on violation of the Implied Consent Act. The issues at the hearing are the following:

1. Whether the officer had reasonable grounds to believe that you were driving a motor vehicle while under the influence of intoxicating liquor or drugs;
2. Whether you were arrested;
3. Whether the hearing is timely held, and;
4. Whether you refused to submit to a test upon request of the law enforcement officer after being advised that your failure to submit could result in the revocation of your driving privilege.
5. Whether the result of a chemical test you submitted to indicated a blood-alcohol concentration of .08 or greater if you are twenty-one (21) years of age or over, or .02 or greater if you are under twenty-one years of age or .04 or greater if you were driving a commercial motor vehicle.
6. Whether you previously had your driver license revoked pursuant to the provisions of the Implied Consent Act.

NOTE: Your driving privilege may be subject to further revocation or disqualification based on a criminal conviction or convictions.