
ALR Hearing Request

PRO SE ALR HEARING REQUEST FORM

(Print, complete, & fax this form to (512) 424-2650 within fifteen days of the date of your arrest or the date you were served with the Notice of Suspension / DIC-25.)

Dear Sir/Madame:

I want to request an in-person ALR hearing and hereby provide you the following information in connection with this request:

Full Name: _____

D.O.B.: _____

Texas/or other state: _____ Driver's License No.: _____

Current address _____
Street Name & Number

City _____ State _____ Zip _____

Telephone number: _____

Date of arrest: _____

County of arrest: _____

Arresting Officer: _____

Arresting agency: _____

_____ I refused a breath or blood test.

_____ It is alleged that I failed a breath or blood test.

Signature

Date