IN THE	COURT OF	(County),	(State)		
(State of		PLAINTIFF			
V.		CAUSE NO,			
(Name of Defend	ant)	DEFENDANT			
•	•	DE BREATHALYZER RESULTS	;		
	w(N and respectfully moves that th ons therefore, Defendant wou	lame of Defendant), Defendantis Court exclude the breathaly: ald show the following:	nt in the above- zer results in this		
admission of a bre	eath test. Specifically, <i>(specif</i> y	hin a "reasonable time" as requ y regulation) on)			
(operating under the i	under influence statute)	in accordance with the provision with the provision in accordance with the provision with th	ted for operating n test, he or she,		
procedures in the was initially brough consented to a bromalfunction, the	regulations. Defendant, who went to the	dmissible if not conducted purswas stopped at (name of police steed at (time of (name of police department) provided a test until	(include time), station), where he test). Due to a was unable to		
that Defendant wa minutes prior to ac	s not observed for (nu dministering the breathalyzer to ut the timing demonstrates that	r procedures were not employer mber of minutes required untest. Specifically, the police repart the Defendant was tested im	nder regulations) port not only fails		
3. In support accompanying pol		es on the attached affidavit of c	counsel and		
	ing to the jury, directly or indir	equests that the State be prohi ectly, any evidence, argument	-		

Witness my signature	this the	(date).	
	F	Respectfully submitted,	
	(1	Name of Defendant)	
	В	By:	ney)
OF COUNSEL:			
(Name of Defendant's Attorn Post Office Box	ney)		
City, State, Zip Code Telephone:		_	
	Certi	ficate of Service	
This is to certify that I, Defendant and correct copy of the above following counsel of record for	(Nan and foregoing I Plaintiff:	(Name of Attorney ne of Defendant), have this date Motion by U.S. Mail, postage full	/) , attorney for e served a true lly prepaid, to the
		of Attorney)	
	City, Sta	ate, Zip Code	
This the	(date	?) .	
		Respectfully Submitted	1
		(Name of Attorne State	Ey) Bar No.
 Defendant		Siaie	Attorney for

OF COUNSEL:			
(Name of Defendant's Attorney) Post Office Box			
City, State, Zip Code Telephone:	-		
Notic	e of Motion In Limine		
You are notified that on thereafter as counsel can be heard, in C (Name of County) (Name of County)	Courtroom of the , <i>(Name</i> <i>unty)</i> Courthouse at	e of State)	Court for , at the
Defendant bring on for hearing his Motion In Limit	(street addres (Name of Defendant), by and ne.	s s, city, st through his	ate, zip code) s attorney, will
	Respectfully Sub	mitted,	
	(Name of A Stat	Attorney) te Bar No.	
Defendant			Attorney for
OF COUNSEL:			
(Name of Defendant's Attorney) Post Office Box			
City, State, Zip Code Telephone:	_		