

**STATE OF DELAWARE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES**

DRIVER IMPROVEMENT UNIT

Request For Administrative Hearing

I, _____ hereby request a
Departmental hearing before the secretary or his designee.

Date of Violation _____ Police Dept. _____

Control # _____ License # _____

Print Name _____ Date of Birth _____ Home Phone _____

Address _____ Work Phone _____

Print Attorney's Name _____ Phone No. _____

Attorney's Address _____

Your Signature _____ Date _____

D. M. V. Employee's Signature _____ Date _____
(Forward immediately to Hearing Section)