

**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)