



## CONTESTED CASE HEARING REQUEST

<u>REQUESTOR INFORMATION:</u>				
LAST NAME	FIRST NAME, MIDDLE NAME		BIRTHDATE (mm/dd/yyyy)	
ADDRESS	CITY	STATE	ZIP	
DRIVER LICENSE NUMBER / STATE / CLASS		PHONE NUMBER		
EMAIL ADDRESS				
<u>ATTORNEY INFORMATION (if applicable):</u>				
NAME OF FIRM				
ATTORNEY'S NAME				
EMAIL ADDRESS			PHONE NUMBER	
<b>NOTE: Attorney must provide a separate Entry of Appearance. Premature (pre-dates notice of suspension) requests will <u>not</u> be accepted.</b>				
<u>REQUEST:</u>				
I would like to request a Contested Case Hearing for the following action taken against my driving privileges/ driver license by the State of Wyoming.				
<input type="checkbox"/> Suspension <span style="margin-left: 150px;"><input type="checkbox"/> Denial</span> <input type="checkbox"/> Disqualification <span style="margin-left: 150px;"><input type="checkbox"/> Other _____</span> <input type="checkbox"/> Cancellation				
Was this action as a result of a DUI arrest?				
<b>If yes</b> , please provide the date arrested _____.				
<b>If no</b> , please provide the date of the letter notifying you of this action _____.				
SIGNATURE OF REQUESTOR			DATE	
PARENT'S SIGNATURE (if under 18 years old)			DATE	
<u>PAYMENT INFORMATION</u>				
<ul style="list-style-type: none"> <li>A twenty-five (\$25) dollar fee is required in order to process this request. <b>Do not</b> mail cash and we <b>do not</b> accept temporary checks. Your request is not considered received until payment is provided.</li> <li>CREDIT CARD PAYMENT OPTION: If you would like to pay by credit card, for an additional \$2.50 fee, you will be contacted when we are ready to process your request. Please provide your email address above and initial here: _____.</li> <li>It is recommended you send your request certified mail, return receipt, so you have proof of delivery.</li> <li>Your request will be processed within 7 - 10 business days and you will receive an acknowledgement by mail or email.</li> </ul>				

If you have any questions, please contact Driver Compliance at [dot-dscomp@wyo.gov](mailto:dot-dscomp@wyo.gov) or 307-777-4839.

**RETURN FORM AND FEE TO:** WYDOT - DRIVER SERVICES

Driver Compliance  
5300 Bishop Blvd  
Cheyenne, WY 82009