



FOR OFFICE USE ONLY
MVID # _____

CONTESTED CASE HEARING REQUEST

REQUESTOR INFORMATION:				
LAST NAME	FIRST NAME, MIDDLE NAME		BIRTHDATE (mm/dd/yyyy)	
ADDRESS	CITY	STATE	ZIP	
DRIVER LICENSE NUMBER / STATE / CLASS		PHONE NUMBER		
EMAIL ADDRESS				
ATTORNEY INFORMATION (if applicable):				
NAME OF FIRM				
ATTORNEY'S NAME				
EMAIL ADDRESS		PHONE NUMBER		
<i>NOTE: Attorney must provide a separate Entry of Appearance. Premature (pre-dates notice of suspension) requests will <u>not</u> be accepted.</i>				
REQUEST:				
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 <input type="checkbox"/> Denial <input type="checkbox"/> Disqualification <input type="checkbox"/> Other _____ <input type="checkbox"/> Cancellation				
Was this action as a result of a DUI arrest?				
If yes , please provide the date arrested _____.				
If no , 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	
PAYMENT INFORMATION				
<ul style="list-style-type: none"> A twenty-five (\$25) dollar fee is required in order to process this request. <u>Do not</u> mail cash and we <u>do not</u> accept temporary checks. It is recommended you send your request certified mail, return receipt, so you have proof of delivery. Your request will be processed within 7 - 10 business days and you will receive an acknowledgement by mail or email. 				

If you have any questions, please contact Hearings/Driver Review at dot-hearings@wyo.gov or 307-777-4839.

RETURN FORM AND FEE TO: WYDOT - DRIVER SERVICES
 Hearings/Driver Review
 5300 Bishop Blvd.
 Cheyenne, WY 82009