

Office of Administrative Hearings

OAH FILE # _____

1124 Smith Street, Suite B100
Charleston, West Virginia 25301
(304) 356-2233 • Fax (304) 558-1316

FEE PAID [] YES [] NO

WRITTEN OBJECTION AND HEARING REQUEST FORM

READ THIS FORM CAREFULLY

If you dispute an order of revocation/disqualification from the West Virginia Division of Motor Vehicles (DMV), COMPLETE THIS FORM IN ITS ENTIRETY submit to the OFFICE OF ADMINISTRATIVE HEARINGS in person or by register/certified mail, return receipt requested, to OAH Hearing Request, 1124 Smith Street, Suite B100, Charleston, West Virginia, 25301. You may also submit your documents via e-mail to DOT.OAH@WV.GOV or by fax to 304-558-1316. A successful transmittal sheet is necessary for proof of submission of these documents in the case of filing by fax. Please retain a copy of the sent email for proof of submission of these documents in the case of filing by e-mail. Premature or late written objections may not be considered. If you dispute an order revoking or suspending your driver's license for a DUI related offense as outlined in W. Va. Code §17C-5A-2, this form MUST BE FILED WITH THE OAH WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE YOU RECEIVED THE DMV ORDER YOU ARE CONTESTING. If you dispute an order revoking or suspending your driver's license for a non-DUI related offense this form MUST BE FILED WITH THE OAH WITHIN TEN (10) CALENDAR DAYS FROM THE DATE YOU RECEIVED THE DMV ORDER YOU ARE CONTESTING. Upon receipt of an objection, the OAH will notify the Commissioner of the DMV who will then, if applicable, stay the imposition of the period of revocation or suspension. IF YOU HAVE QUESTIONS REGARDING THIS FORM, CONTACT THE OAH AT (304) 356-2233.

Effective December 01, 2016 there is a fifty (\$50.00) dollar docketing fee that must be submitted with this written objection/hearing request in order for you to receive a hearing. No hearing will be granted until the docketing fee is received! If you are filing electronically or by fax you must submit your check or money order by mail and it must be received within thirty (30) days. Your Notice of Hearing will serve as your receipt. Please make all checks or money orders out to the Office of Administrative Hearings or OAH.

Name: _____ Date of Birth: _____

Date of Arrest/Stop: _____ Date of Order You Are Appealing: _____

DMV File Number: _____ Date You Received Order of Revocation: _____

Your Mailing Address: _____

Driver's License No: _____ County of Arrest _____

[] Check here if you require handicap accommodations. [] Check here if you were NOT arrested.

Your E-Mail Address: _____ Daytime Phone No.: _____

If any of your contact information changes, it is YOUR responsibility to notify the OAH and the WV DMV. PLEASE NOTE, BY PROVIDING YOUR EMAIL ADDRESS YOU CONSENT TO THE OAH CONTACTING YOU VIA EMAIL.

Attorney's Name: _____ Attorney's Phone No.: _____

[] Check here if you are NOT represented by an attorney.

Attorney's Address: _____

Attorney's E-Mail Address: _____ Attorney's Bar No: _____

- [] I wish to challenge all orders of suspension and/or revocation related to the incident date listed above.
[] I wish to challenge the results of the secondary chemical test of the blood, breath or urine.**
[] I wish to challenge the sobriety checkpoint.**
[] I wish to challenge the allegation that I refused to submit to the designated secondary chemical test.
[] I wish to challenge _____

* Effective December 1, 2016

** Selection of this option shall constitute notice to the Commissioner of the DMV of your intent to challenge as required by 105CSR§10.2.a.

I affirm that the above information is true and correct: _____

(Your Signature or Signature of Your Attorney)