



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 to send documents to:				
Email address to send payment link:				
ATTORNEY INFORMATION (complete only if attorney is making this request on behalf of client):				
NAME OF FIRM				
ATTORNEY'S NAME				
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. If not submitted, requestor will be considered pro se.</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 and the type of 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. Do not mail cash and we do not accept temporary checks. Your request is not considered received until payment is made. 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: _____. 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 Driver Compliance at dot-dscomp@wyo.gov or 307-777-4839.

RETURN FORM AND FEE TO: WYDOT - DRIVER SERVICES
 Driver Compliance
 5300 Bishop Blvd
 Cheyenne, WY 82009