

VIA CERTIFIED MAIL

State of Georgia
Department of Driver Services
P.O. Box 80447
Conyers, GA 30013

Today's Date: _____

IN THE MATTER OF:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License Number: _____

Date of Birth: _____ Date of Arrest: _____

Dear Sir or Madam,

I hereby request an immediate hearing regarding the notice of intent to suspend my driver's license and/or privilege to operate a motor vehicle. Please notify me of the date and time of said hearing. Pursuant to the rules and regulations of the Department of Motor Vehicles as administered through the Georgia Administrative Procedures Act, I ask that said license suspension be stayed until such time as additional briefs and supportive documentation can be filed, a hearing is held, and a final order is issued in this matter. I have included a check for \$150.00 made payable to the Department of Driver Services as payment of the required filing fee.

I am gainfully employed and have personal and family obligations and responsibilities. The loss of said license and/or privilege to drive would have an immediate and detrimental effect on my daily life. Given the nature of your departmental rules, it could be thirty days before I have a hearing and another thirty days before a ruling is made in this matter. This sixty-day period far exceeds the thirty day driving permit that the arresting officer issued to me. If I were to lose my privilege to drive and thereby my employment during the period I am waiting for a hearing, prevailing at the hearing and having my license reinstated would be of little consolation to me.

It will be my contention at the hearing that the arresting officer did not have reasonable suspicion to stop me; did not have probable cause to arrest me; did not have reasonable cause to believe that I was driving a vehicle or was in physical control of a moving vehicle while under the influence of alcohol or a controlled substance as provided by OCGA § 40-6-391; did not properly advise me of Implied Consent and/or did not make a clear request for a state administered test. The person designated to administer the test did not possess or display a valid operator's permit; the test was not conducted on a machine properly approved by the Department of Forensic Sciences; the testing device was not in good working order and/or had not been properly inspected.

Furthermore, it is my contention that I was not lawfully arrested for the alleged crime; did not refuse any state administered test; was not in a motor vehicle accident or collision resulting in serious injury or fatality; I was denied an opportunity for a separate test at my expense; I was not properly served a DDS Form 1205 and any DDS Form 1205 submitted was not properly sworn to and notarized as required.

I may testify at the hearing and reserve the right to call additional witnesses to appear at said hearing that have not as yet been identified or discovered.

If you have any questions concerning this matter, please feel free to call me.

Sincerely,

Signature

Date