

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>PETITION FOR REVIEW OF DRIVER'S LICENSE DENIAL, RESTRICTION, OR SUSPENSION FOR ARRESTS OR ACTIONS BEFORE OCTOBER 1, 1999</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no.	Date of birth
Petitioner's attorney, bar no., address, and telephone no.	

v

Respondent <b>SECRETARY OF STATE OF THE STATE OF MICHIGAN Driver Assessment and Appeal Division PO Box 30196 Lansing, Michigan 48909-7696</b>
Respondent's attorney, bar no., address, and telephone no.

1. I request a review of the following action of the Secretary of State dated \_\_\_\_\_ that resulted in suspension, restriction, or denial of my driving privileges.  
Date
  - a. Application denial for medical reasons (MCL 257.303[1][d]).
  - b. Driver assessment suspension or restriction (**not a revocation**) (MCL 257.310d, MCL 257.320).
  - c. First implied consent suspension [MCL 257.625f].
  - d. Mandatory additional suspension or revocation for driving while license suspended (MCL 257.904[10]).
  - e. The arrest or action took place before January 1, 1992.
2. I am in need of driving privileges and will suffer undue hardship if relief from the Secretary of State action is not granted because:  
(Provide details. If necessary attach separate sheets.)
3. I am not requesting a restricted license that would permit a person to drive a vehicle that requires a commercial driver's license.
4. Except for the action I am asking the court to review, I have no other suspensions, revocations, restrictions, or denials of my privilege to drive that would be inconsistent with the relief sought in this petition.
5. I request  full  restricted driving privileges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

**ORDER FOR HEARING**

**IT IS ORDERED:**

A hearing on the petition shall be held on \_\_\_\_\_ at \_\_\_\_\_  
Day and date Time

at  the court address above.  \_\_\_\_\_  
Location

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this petition and order for hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner