

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	PETITION FOR REVIEW OF DRIVER'S LICENSE DENIAL, RESTRICTION, OR SUSPENSION <small>FOR ARRESTS OR ACTIONS ON OR AFTER OCTOBER 1, 1999</small>	CASE NO. and JUDGE
--	--	---------------------------

Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no. Put DLN in Ref. No. row 10 on MC 97a.	Date of birth Put DOB in Ref. No. row 10 on MC 97a.
Petitioner's attorney, bar no., address, and telephone no.	

v

Respondent SECRETARY OF STATE OF THE STATE OF MICHIGAN Driver Assessment and Appeal Division PO Box 30196 Lansing, Michigan 48909-7696
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 for driving while license suspended (**not a revocation**) (MCL 257.904[10] or [11]).

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 driving privileges. restricted driving privileges for work and/or education, for treatment and/or counseling, and for community service.

_____ Date

_____ Signature of petitioner

ORDER FOR HEARING

IT IS ORDERED:

A hearing on the petition shall be held on _____

Date and time

at the court address above. _____

Location

┌

Judge signature and date

CERTIFICATE OF MAILING

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 by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner