

DUI Hearing Request Form

I would like to request a hearing regarding my DUI arrest.

Date: _____

Driver Information

_____	_____
Full Name	Driver License Number
_____	_____
Social Security Number	Date of Birth
_____	_____
Phone Number	
_____	_____
Address	City, State, Zip Code

Arrest Information

_____	_____
Date of Arrest	Citation Number

County of Arrest	

Attorney Information (if applicable)

_____	<input type="checkbox"/> Not Retained
Attorney Name	
_____	<input type="checkbox"/> Retained (attach supporting documentation if requesting discovery)
Attorney Address	

City, State, Zip Code	

Email address of individual making request

Signature of individual making request

Fax Form To: 801.964.4499
Email Form To: DL DUI@utah.gov