

State of Utah

DEPARTMENT OF PUBLIC SAFETY DRIVER LICENSE DIVISION

Chris Caras Director

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Hearing Request Form

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

Date:	Social Security Number:
Full Name:	Driver License Number:
Phone Number:	Date of Birth:
Address:	City, State, Zip Code:
Date of Arrest:	County of Arrest:
Attorney:	Attorney Address:

Fax Form To: 801.964.4499 Email Form To: DLDUI@utah.gov