

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MOTOR VEHICLES



## DWI/DUI/OWI REINSTATEMENT HEARING APPLICATION

Hearings are held at Adjudication Services

\*\*\*\*Please do not complete this form for point suspensions, point revocations or child support revocations.\*\*\*

CUSTOMER INFORMATION				
FULL LEGAL NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS		
DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH		
CHARGE		DATE OF CHARGE		

PLEASE COMPLETE THIS SECTION	
Have you completed treatment for alcohol or substance abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>yes</b> , what is the date of completion?	
Have you had a subsequent arrest for drinking and driving?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been charged with a traffic violation since you were revoked or suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>yes</b> , when did that charge occur?	
Do you hold a valid Driver License from the District of Columbia or another jurisdiction	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>yes</b> , what jurisdiction/state?	

IMPORTANT INFORMATION	
1. If you are under 18 years of age, your parent or legal guardian must accompany you to your hearing.	2. Provide proof of completion of an alcohol or substance abuse treatment program from approved DC provider. A treatment services provider directory may be found at <a href="http://doh.dc.gov">doh.dc.gov</a> under the Resources tab.
3. Reinstatement Fee. Fees are outlined at <a href="http://dmv.dc.gov">dmv.dc.gov</a> . <b>(Payment methods are: Cash, Money Order, Check, VISA, or MasterCard)</b>	4. SR-22 Insurance may be required

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405).

I hereby certify and affirm that the information given above for reinstatement is true and correct.

CUSTOMER SIGNATURE		DATE	
--------------------	--	------	--

DMV OFFICIAL USE ONLY			
HEARING INFORMATION	HEARING DATE	HEARING TIME	DMV OFFICIAL