

Application for DUI Indigent Waiver

This is your notice that the Department of Licensing (DOL) intends to suspend, revoke or deny your license, permit, or privilege to drive. You have the right to request a formal hearing to contest the suspension or revocation of your driving privilege. The hearing will be conducted according to Chapter 308-103 WAC. For issues covered at the hearing refer to RCW 46.20.308.

Your request must be made within 20 days after receipt of this notice. If your request is not made within 20 days after receipt of this notice, you will have waived your right to a hearing.

This application is used only by drivers seeking a waiver of the administrative fee for the DUI hearing on the suspension or revocation of their driver's license. **Incomplete applications and applications missing the necessary documentation will be denied.** Send this completed form and any required documents to:

Hearings & Interviews Section
Department of Licensing
 PO Box 9031
 Olympia, WA 98507-9031
 Fax: (360) 570-4950

All correspondence will be mailed to the address on file with DOL. To update your address, visit us online at www.dol.wa.gov or go to your local licensing office.

PRINT or TYPE Name (Last, First, Middle)				
Date of birth	Driver license number	State	Date of arrest	(Area code) Telephone number
Attorney name, if applicable (Do not list public defender)				
Attorney address (Address, City, State, ZIP code)				
(Area code) Attorney telephone number	(Area code) Attorney fax number	Attorney email		

If parties or witnesses are non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

Request for interpreter <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am hearing impaired	Primary language	Dialect
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Presumptive eligibility – Documentation must be attached.

Check all that apply			
<input type="checkbox"/> I have been assigned a court appointed attorney			
<input type="checkbox"/> I am currently involuntarily committed to a public mental health facility			
<input type="checkbox"/> I am receiving:			
<input type="checkbox"/> temporary assistance for needy families	<input type="checkbox"/> supplemental security income	<input type="checkbox"/> general assistance	
<input type="checkbox"/> poverty-related veteran's benefits	<input type="checkbox"/> refugee resettlement benefits	<input type="checkbox"/> food stamps	<input type="checkbox"/> Medicaid
<input type="checkbox"/> None (If none of the above selected, complete the Other eligibility factors section below.)			

Other eligibility factors

Answer the following
Total number of persons in your household (include yourself) _____
Monthly income (self and, if applicable, spouse's monthly income after taxes) _____

I declare under penalty of perjury under the laws of the state of Washington, that the information provided on this application is true and correct. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.

 Date and place signed

X

 Signature

Authority: RCW 46.20.308

For Department use only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____