

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

Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no.	Date of birth
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 \_\_\_\_\_ at \_\_\_\_\_  
Day and date Time

at  the court address above.  \_\_\_\_\_  
Location

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**CERTIFICATE OF MAILING**

I certify that on this date 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 in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner