

ADMINISTRATIVE REVIEW REQUEST

Wisconsin Department of Transportation
MV3530 1/2006

IMPORTANT NOTICE - RESPOND WITHIN TEN (10) DAYS

REQUESTING AN ADMINISTRATIVE REVIEW IS OPTIONAL

- This form, (MV3530) **Should Not** be completed if you **Do Not** want a review.
- If you **Do Not** request a review within ten (10) days you have waived your right to a review.
- This **Is Not** a review to get an occupational license.

If you choose to request an administrative review of the loss of your operating privileges:

1. Fill in the information below and mail this form (MV3530) to the DMV address shown below.
2. Your request for a review must be postmarked within ten (10) days of the notice date on the "Notice of Intent To Suspend..."; or within 13 days if the notice was mailed to you.

THE ADMINISTRATIVE REVIEW IS LIMITED TO THE FOLLOWING ISSUES

1. The correct identity of the person.
2. Whether the person was informed of the options regarding tests under s.343.305 Wis. Stats.
3. Whether the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood at the time of offense.
4. Whether one or more of the tests were administered in accordance with s.343.305 Wis. Stats.
5. Whether each of the test results indicates the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.
6. Whether probable cause existed for the arrest.
7. Whether the person was driving or operating a commercial motor vehicle when the offense allegedly occurred.
8. Whether the person had a valid prescription for methamphetamine or one of its metabolic precursors or gamma-hydroxybutyric acid or delta-9-tetrahydrocannabinol.

GENERAL REVIEW INFORMATION

1. If you request a review, you will be notified of the time and location of the review.
2. The review will be held within 30 days of the notice date on the "Notice of Intent To Suspend...", form MV3519.
3. You may present evidence and you may be represented by an attorney.
4. You may submit written arguments with this request if you do not wish to appear at the review. Written arguments must address one or more of the above issues and state that they are in lieu of a personal appearance.

REVIEW REQUEST

I request an administrative review of the suspension of my operating privileges resulting from an arrest for operation of a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance. Send this request to the address below:

**DMV Driver Services
Wisconsin Dept. of Transportation
PO Box 7930
Madison, WI 53707-7930**

Name - Last, First, Middle Initial

Birth Date

Sex

Daytime Area Code - Telephone Number

Driver License Number

State of Issuance

Citation Number

Arresting Agency Name

Date of Violation

County of Violation

Notice Date

See back of form for all attorney and address information.

If you choose to be represented by an attorney, you must complete the following information.

ATTORNEY		
Attorney - Print Name		
Street Address		Area Code - Telephone Number
City	State	ZIP Code

If you or your attorney request(s) a copy of the file submitted by the arresting agency, you must complete the following information, or your attorney may submit form MV2896 Vehicle/Driver Record Information Request.

Undersigned Driver - Print Name
I, the undersigned driver, authorize the Wisconsin Department of Transportation, under the Federal Driver's Privacy Protection Act, to release any and all requested information related to this suspension, to my attorney identified above, for the DOT Administrative Review.
X _____ (Driver)

The willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

CHANGE OF ADDRESS

All correspondence will be mailed to the address on your driving record. If your current address has not been reported to the Department, please complete the information below. Any future correspondence from the Department will be mailed to this address and your driver record will be updated.

Street Address		
City	State	ZIP Code