



New York State Department of Motor Vehicles
NOTICE OF TEMPORARY SUSPENSION AND NOTICE OF HEARING

(Section 1194 of Vehicle & Traffic Law)

Read Both Sides, Please!

DISTRIBUTION
 Complete four (4) copies of this form (please print). Distribute as follows: one (1) copy to motorist, one (1) copy for court records, - one (1) copy to the arresting officer, and mail one (1) copy, with a copy of the Police Chemical Test Refusal Report (AA-1 34), to the Department of Motor Vehicles, SAFETY HEARING BUREAU, 6 Empire State Plaza, Albany, New York 12228-0240.

Motorists Last Name		First	M.I.	Date of Birth (Mon/Day/Year)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Motorist's Street Address (include Street Number and Name, Rural Delivery Box and/or Apartment Number.				Ticket Number			
City		State		Zip Code			
Date of Alleged Refusal		Location of Refusal		Arresting Officer			
Police Agency		Telephone Number (Area Code)		Tax Registry Number		Command *	Precinct N.
Arraignment Date		Court Name		Street		City/Town	Zip Code
Docket No.		License Turned In?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

ATTENTION: MOTORIST

Your driver license (or driving privilege if you don't live in New York State) has been temporarily suspended by the court for your alleged refusal to submit to a chemical test (Section 1194-2 of the Vehicle and Traffic Law). The suspension is effective on the arraignment date shown above. This court suspension will end in 15 days or on the date of hearing, whichever comes first. However, further action concerning your license will be taken by the Department of Motor Vehicles on the date of the hearing.

Bring this notice with you to the hearing. You may have an attorney or other representative with you at the hearing, and you should be prepared to present all evidence and witnesses in your behalf at the hearing.

This chemical test hearing is Independent of the criminal court case charging you with DWI. Do not assume that a criminal plea or dismissal in court will affect this hearing.

If you do not come to the hearing, your absence will be considered your agreement to waive the hearing. This will result in immediate revocation of your license or driving privilege.

VOLUNTARY WAIVER OF HEARING

You may waive the hearing by sending a written waiver to the Safety Hearing Bureau of the Department of Motor Vehicles. To request a waiver, see the other side of this notice.

ATTENTION: MOTORIST AND ARRESTING OFFICER

You are required to appear in person for a hearing (Section 1194-2 of the Vehicle and Traffic -Law) based on the written report of the police officer that the motorist named above refused to submit to a chemical test for the purpose of determining the alcohol or drug content of his/her blood, after being properly warned of the consequences of refusing. The hearing will also determine if the motorist's license should be revoked. The officer should bring this notice and a copy of the refusal report to the hearing.

Date of Hearing (or Waiver)		Time of Hearing	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Hearing Location			