

Date: _____

California Department of Motor Vehicles
Licensing Operations Division
Office of Driver Safety
90 Great Oaks Blvd. Ste. 104
San Jose, CA 95119

San Jose Fax: 408/229-7128

**REQUEST FOR IN-PERSON APS HEARING,
AUTOMATIC STAY OF SUSPENSION AND DISCOVERY**

RE: **Driver's Name:** _____
D/L No.: _____
Driver's Address: _____

Driver's Phone: _____
Date of Incident: _____
County: _____

Dear Department of Motor Vehicles:

Pursuant to *Vehicle Code* § 13558, I request:

1. An **IN-PERSON HEARING**;
2. An **AUTOMATIC STAY** be placed on the suspension of my driving privileges until after a decision is rendered by the hearing officer.
3. **ALL DISCOVERY** pursuant to *Government Code* § 11507.6 *et seq.*: Please provide, **any and all evidence, reports** and any and all **witnesses** including but not limited to their **names, addresses, phone numbers and statements, regardless** if the DMV intends to use the evidence, reports or witnesses.

It is my understanding that the above requests are timely and as such **the suspension** of my driving privilege **is stayed** until a decision of the hearing officer: **Thus I may continue to drive** until and unless an adverse decision, after the hearing, is rendered.

If you have any questions, concerns or if any of the above is incorrect please call me immediately.

Thank you for your time and consideration.

Signature

CONFIDENTIALITY NOTE

ALL of The documents, including this one, in their entirety, transmitted herewith are CONFIDENTIAL and PRIVILEGED communications . Pursuant to the Cal. Ev. Code § 952 and Cal. Code of Civ. Proc. § 2018, all of the information contained herein may not be disclosed or otherwise distributed. If you are not the addressee of this transmittal, be aware that any disclosure, copying, distribution or use of this transmittal or the information herein is PROHIBITED by law. If you have received this transmittal in error, please notify us by telephone immediately at the above numbers and return the original to this office by mail. Thank you.

**PROOF OF SERVICE
(CCP Section 1011, 1013, 1013a, 2015.5)**

I, the undersigned, declare that:

On _____, I served the following described documents:

**REQUEST FOR IN-PERSON HEARING,
AUTOMATIC STAY OF SUSPENSION AND DISCOVERY**

RE: **Driver:** _____

D/L No.: _____

on the interested parties in said action as described and addressed as follows:

**California Department of Motor Vehicles
Licensing Operations Division
Office of Driver Safety
90 Great Oaks Blvd. Ste. 104
San Jose, CA 95119**

San Jose Fax: 408/229-7128

_____ **Mail:** If marked here said documents were mailed by placing a true copy thereof, enclosed in a sealed envelope with First Class postage thereon fully prepaid, in the United States mail at Sacramento, California, and addressed to the interested party(ies) as addressed and described above.

_____ **Telefacsimile:** If marked here said documents were faxed to the interested parties, as addressed and described above, at the following number **408/229-7128**

_____ **Personal Service:** If marked here said documents were personally delivered to the interested parties, as addressed and described above, by handing said documents to:

_____ at _____ at _____ m.

I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct, and that this declaration was executed in Santa Cruz County, California,

on _____,

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