



REQUEST TO WAIVE EXPRESS CONSENT HEARING

TODAY'S DATE _____

Hearing Date:	Time:	Case #
Respondent Name:		Location or Telephone Hearing

ATTORNEY OR RESPONDENT INFORMATION

Name:	Phone Number
Law Firm and Registration number (if applicable)	

OFFICER INFORMATION

Name:	Badge #	Department
Has this officer already been requested on the hearing request form?	Yes No	Has this officer already been served a subpoena? Yes No

If I have an attorney, my attorney has approved and signed this waiver request.

EMAIL TO: dor_info_hearings@state.co.us

SIGNATURE REQUIRED:

I understand that pursuant to C.R.S. §42-2-126(6)(d) my privilege to drive (or my client's privilege to drive) in Colorado will be revoked on the date the waiver is processed, which may be before the hearing date. The department's determination will be based on the documents and affidavit and the decision shall be final pursuant to C.R.S. §42-2-126(8)(g). If I am an attorney signing for my client, I certify that I have fully advised my client of the above facts and that he or she is willing to have this matter waived under those circumstances.

Signature

Date