

Request To Waive Hearing

Today's Date

Hearing Date

Time

Case Number

Respondent Name

Location or Telephone Hearing

Attorney or Respondent Information

Name

Phone Number

Law Firm and Registration number (if applicable)

Email to: dor_info_hearings@state.co.us

Signature Required:

I understand that 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. 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 (MM/DD/YY)