

**CLIENT INTAKE SHEET
(DWI/DUI)**

DATE: _____

FULL NAME: _____
(First) (Middle) (Last)

AGE: _____ BIRTH DATE: _____
(Month) (Day) (Year)

DRIVERS LICENSE #: _____ SOCIAL SECURITY #: _____
(Issuing State) (DL Number)

PRIMARY MAILING ADDRESS: _____
(Street / PO Box)

(City) (State) (Zip Code)

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

IF YOU ARE EMPLOYED: _____ IF YOU ARE A STUDENT: _____
(Name of Employer) (Name of Educational Institution)

DATE ARRESTED: _____ ARRESTING AGENCY: _____

**IF THERE ARE ANY PERSONS THAT YOU WISH TO AUTHORIZE THIS
LAW OFFICE TO SPEAK WITH ABOUT YOUR CASE, PLEASE LIST BELOW.**

NAME	RELATIONSHIP	PHONE #
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REFERRED BY: _____

PLEASE REMEMBER TO FILL OUT THE ATTACHED PAGE

Charged: DWI – _____ / DUI	FOR OFFICE USE ONLY
Contract Terms: _____	File Created By: _____

REQUEST FOR ADMINISTRATIVE HEARING

DIC-26 (1/95)

You may request a hearing to contest the suspension by calling 1-800-394-9913, or completing this form and faxing it to 1-512-424-2650 or mailing to:

**TEXAS DEPARTMENT OF PUBLIC SAFETY
DRIVER IMPROVEMENT AND CONTROL
P.O. BOX 4040
AUSTIN, TEXAS 78773-0001**

This request must be received by the Texas Department of Public Safety not later than 15 days after the date on which you were served a NOTICE OF SUSPENSION. You will be notified by mail when and where to appear.

PLEASE PRINT

DO YOU WANT A HEARING _____ BY PHONE _____ IN PERSON

NAME FIRST MIDDLE LAST DATE OF BIRTH

DRIVER'S LICENSE NUMBER STATE RACE SEX EYES

CURRENT ADDRESS

CITY, STATE, ZIP CODE DAYTIME PHONE NUMBER

DATE OF ARREST COUNTY OF ARREST ARRESTING AGENCY

WERE YOU CHARGED WITH REFUSING A BREATH OR BLOOD TEST? ___ YES ___ NO

DO YOU WANT THE BREATH TEST OPERATOR AT THE HEARING (see reverse side) ___ YES ___ NO

DO YOU WANT THE BREATH TEST TECHNICAL SUPERVISOR AT THE HEARING? ___ YES ___ NO

DAYTIME PHONE NO. EXTENSION SIGNATURE

FOR DEPARTMENT USE ONLY

DATE HEARING REQUEST RECEIVED