

## INFORMATION AND PENALTIES

### SAFETY RESPONSIBILITY LAW

As required by R.S.32:896, anyone refusing to submit to a chemical test, or anyone convicted of driving while intoxicated must comply with the Safety Responsibility Law by filing proof of future financial responsibility for a period of 3 years.

The usual way of filing such proof is as follows:

An insurance company authorized to do business in Louisiana may furnish this agency with the Louisiana form SR-22, insurance certificate, by sending it to the address shown below. Only insurance companies have these forms. Liability insurance policies are not acceptable in lieu of the SR-22.

SEND CERTIFICATE TO:

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF MOTOR VEHICLES  
P.O. BOX 64886  
BATON ROUGE, LA 70896-4886

A person who does not own a vehicle may apply for a non-ownership policy which would cover him while operating any vehicle. Alternate ways of furnishing proof of future financial responsibility are specified under Louisiana Revised Statutes 32:897.

### REINSTATEMENT FEE

A reinstatement fee of \$50.00 will be required before your driving privileges may be reinstated. This fee will only be accepted after the suspension period has ended. This fee may be in the form of cash, cashier's check, certified check credit/debit card, or money order made payable to the Office of Motor Vehicles.

### IGNITION INTERLOCK REQUIREMENTS

An ignition interlock device shall be installed in any motor vehicle operated by any of the following persons whose driver's license has been suspended in connection with the following circumstances as a condition of the reinstatement of a driver's license:

- Refusal to submit to a chemical test for intoxication for a second arrest for DWI or underage DWI and whose driver's license has been suspended.
- Submission to a chemical test for intoxication where the results indicate a blood alcohol level of 0.08 percent or above and whose driver's license has been suspended for an arrest occurring within ten years of the first arrest.
- Submission or refusal of the chemical test involving a crash which involves moderate bodily injury or serious bodily injury.
- Submission or refusal of the chemical test and a minor child twelve years of age or younger was a passenger in the motor vehicle at the time of the offense.

Upon reinstatement, the ignition interlock device shall remain on the motor vehicle for at least six months or the length of the suspension period, whichever is longer. Credit for time will be given when the interlock device was installed and functioning as part of a restricted driver's license.

For more information regarding your driving privileges you can call the Louisiana Office of Motor Vehicles.

1-225-925-6146  
www.expresslane.org

## REQUEST FOR HEARING

Enclosed is a witness fee for each witness you are requesting to be subpoenaed. **MAKE THE CHECK OR MONEY ORDER PAYABLE TO EACH WITNESS.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
City, State & Zip

**NOTE: DO NOT** send your request for a hearing directly to the Division of Administrative Law. Your request may be delayed and untimely.

## REQUEST FOR HEARING

This form is only to be completed to **REQUEST AN ADMINISTRATIVE HEARING**. For information regarding obtaining a hardship license or more information regarding a request for a hearing call the Office of Motor Vehicles:

1-225-925-6146

To request a hearing you must detach, complete and mail this form within thirty (30) days to:

Louisiana Department of Public Safety and Corrections Office of Motor Vehicles  
P.O. Box 64886  
Baton Rouge, LA 70896-4886

NOTE: If you wish to request a hearing to contest the suspension, this request must be postmarked or delivered to the Office of Motor Vehicles within thirty (30) calendar days from the date of arrest.

*A hearing is not for the purpose of obtaining a hardship license.*

## REQUEST FOR HEARING

I, \_\_\_\_\_

(Please Print Legibly)

do hereby request an administrative hearing in connection with my arrest on day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_.

## PERSONAL INFORMATION

\_\_\_\_\_  
Your Driver's License Number                      Date of Birth  
( \_\_\_\_\_ )  
Area Code                      Telephone Number

**Current Mailing Address:**

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip

**Signature of person requesting hearing:**

\_\_\_\_\_  
Note: R.S. 32:668 (A) states that no law enforcement officer shall be compelled by such person to appear or testify at such hearing.