

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	APPEAL OF SUSPENSION, REVOCATION, OR DENIAL OF DRIVER'S LICENSE	CASE NO. and JUDGE
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Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no. Put DLN in the box labeled Other in Ref. No. row 10 on MC 97a.	Date of birth Put DOB in Ref. No. row 10 on MC 97a.
Petitioner's attorney, bar no., address, and telephone no.	

v

Respondent SECRETARY OF STATE OF THE STATE OF MICHIGAN Driver Assessment and Appeal Division PO Box 30196 Lansing, Michigan 48909-7696
Respondent's attorney, bar no., address, and telephone no.

1. I request a review of the action of the Secretary of State dated _____ that resulted in suspension, restriction, or denial of my driving privileges. Date

2. I am appealing the record pursuant to MCL 257.323(4). findings of a license appeal hearing pursuant to MCL 257.323(2).

3. The action should be set aside because it was
 - in violation of the constitution of the United States, the state constitution of 1963, or a statute as described below.
 - in excess of the Secretary of State's statutory authority or jurisdiction as described below.
 - made upon unlawful procedure resulting in material prejudice to the petitioner as described below.
 - not supported by competent, material, and substantial evidence on the whole record as described below.
 - arbitrary, capricious, or clearly an abuse or unwarranted exercise of discretion as described below.
 - affected by other substantial and material error of law as described below.
 (Provide details for each of the boxes that are checked. If necessary attach separate sheets.)

4. **I request** that the driving record/transcript be prepared by the Secretary of State pursuant to MCL 257.323(1) and filed with the court, and that upon review of the record, the court set aside the Secretary of State's action for the grounds stated above.

_____ Date

_____ Signature of petitioner

ORDER FOR HEARING

IT IS ORDERED:

A hearing on the petition shall be held on _____
Date and time

at the court address above. _____
Location

Judge signature and date

CERTIFICATE OF MAILING

I served a copy of this appeal and order for hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner