NC DMV Hearings

- (1) You need to know what is on the client's "problem sheet" also known formally as the NC Driver's License Requirement Check Form
 - (a) It is free from DMV, and usually stamped in red "not to be used as a driving record"
 - (i) It does NOT list if a 508 (DWI / DWLR assessment + treatment) is needed, and it does NOT list fees that are owed to NC DMV

To determine your hearing eligibility date with the NCDMV, you'll need to know why the client's license was suspended or revoked. The NCDMV will notify the client by mail about eligibility and the deadlines for requesting a hearing.

MAIL FROM NC DMV DOES NOT FORWARD; REMIND CLIENTS TO REGULARLY UPDATE THEIR MAILING ADDRESS WITH NC DMV

NC DMV also provides information on the associated fees. After the client applies and pays the fee, the NCDMV will assign the client a hearing date. [1, 2, 3]

Here's a more detailed breakdown:

- 1. Notification of Eligibility: [1, 3]
 - The NCDMV will send the client a letter if the client is potentially eligible for a hearing.
 - This letter will outline the reasons for his suspension or revocation, inform the client of his eligibility for a hearing, and provide details on the application process and fees. [1, 3]
- 2. Applying for a Hearing: [1, 3]
 - The client must apply for a hearing and pay the associated fee.
 - The application process and fee details are outlined in the notification letter from the NCDMV. [1, 3]
- 3. Hearing Date Assignment: [3]
 - After the client submits his application and pays the fee, the NCDMV will schedule his hearing date. [3]
 - They will notify the client of his hearing date within 30 business days of receiving his application. [1]
- 4. Important Considerations: [1]
 - Cancellation: If the client needs to cancel his hearing, the client must do so at least 10 business days prior to the scheduled date to receive a partial refund. [1]
 - A conviction of impaired driving under G.S. 20-138.1 (including convictions at Levels One and Two) results in a one-year revocation unless:
 - the person has been convicted of another offense involving impaired driving that occurred within three years preceding the current offense (in that case the revocation

- occurred within three years preceding the current offense (in that case the revocation is for four years, see G.S. 20-19(d));
- 2. the person has two or more previous impaired driving offenses, one of which occurred within the five years immediately preceding the date of the current offense (in that case the revocation is permanent, see G.S. 20-19(e)); or
- 3. the person is sentenced at Aggravated Level One (in that case the revocation is permanent, see G.S. 20-19(e)).
- Hearing for Restoration: the client may be eligible for a hearing to restore his driving privileges after a period of revocation, depending on the circumstances. [2, 5]
- Fees: DMV hearing fees vary depending on the type of hearing and can range from \$40 to \$1,200. For example, the fee for early restoration after a DWI conviction is \$425.

| Name of Fee | Fee Amount | Description |
|--|---------------------------------|-------------|
| Alcohol concentration restriction violation | \$450 | N/A |
| Commercial driver license disqualification | \$200 | N/A |
| Compliance with probation or restoration agreement | \$220 (billed after hearing) | N/A |
| Driver improvement clinic eligibility | \$40 | N/A |
| Ignition interlock device restriction violation | \$450 (billed after hearing) | N/A |
| License restoration (DWI) | \$425 | N/A |
| License restoration (moving violations while driving with revoked license) | \$200 | N/A |

| License suspensions or revocations not otherwise listed | \$100 | Included those found in G.S. 20-13 and G.S 20-16 |
|---|-------|---|
| Pre-interview before license restoration (driving with revoked license or moving violations) | \$100 | N/A |
| Pre-interview before license restoration (situations involving alcohol-related convictions, suspensions or revocations) | \$225 | N/A |
| Refusal to submit to chemical analysis | \$450 | N/A |
| Violation of Safety & Responsibility law | \$200 | N/A |

 $[\]hbox{[1] https://www.ncdot.gov/dmv/offices-services/administrative-hearings/Pages/default.aspx}\\$

^[2] https://mcgeelawnc.com/practice-areas/dui-dwi/nc-dmv-restoration-hearings/

^[3] https://www.ncdot.gov/dmv/license-id/license-suspension/Pages/driver-improvement-clin ics.aspx

 $[\]hbox{[4] https://www.ncdot.gov/dmv/license-id/license-suspension/Pages/suspended-revoked-license-aspx}$

^[5] https://jasonwilsonlaw.com/dui-traffic-crime/dmv-hearings/



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

AFFIDAVIT REQUEST TO WAIVE AN ADMINISTRATIVE HEARING FEE

If you believe you are unable to afford an administrative hearing, complete this form to have the Division of Motor Vehicles ("Division") determine whether you are eligible for a waiver of the hearing fee.

THIS AFFIDAVIT IS VALID AS OF JANUARY 11, 2023.

For a hearing request to be valid you must: (1) complete a Hearing Request form; (2) complete this Affidavit, including signing and affirming before a notary; (3) attach ALL required income verification documents shown in Section 4 and (4) send these documents as instructed in Section 6.

| SECTION 1 - APPLICANT | INFORMATION | | | | | | | | |
|--|-----------------------------------|--|----------|----------------------------|--|--------------------------|-----------------|---|----------------------|
| Last Name | First | | Middl | e | | | | | |
| Mailing Address | | | | | | | | | |
| City | State | was the same and t | ZIP | | | | U.O. I. WALLAND | | MIN POINT TO CAMERIA |
| Phone | E-mail Address | | | | | | | | |
| SSN: | | | DOB | | | | | | |
| | | | | | | | | | |
| SECTION 2 – HOUSEHOLE | D SIZE AND INCOME INFOR | MATION | | | | | | | |
| 2.1 Total number of persons in your household? | | | | | | | | | |
| Note: Household size includes you, your spouse, and your children if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you affirm your household size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs. | | | | | | | | | |
| The state of the s | hold income from the prior tax ye | ar? | <u> </u> | | | | • | 0 | 0 |
| What is your total house | hold monthly income, currently? | 044, 40 MD 435MMDD, 44 MMD 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 | <u> </u> | 40.000 (COMPANY) (COMPANY) | | a the service of work of | • | 0 | 0 |
| Note: Household income includes but is not limited to: income from employment or self-employment (salaries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, partnership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital gains; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay and insurance benefits; gifts or prizes; and alimony. | | | | | | | | | |

| SEC | TION 3 – FEDERAL INCOME TAX RETURN STATUS | | | | | |
|--|---|--|--|--|--|--|
| (sala parti gain and | ember that household income includes but is not limited to: income from employment or self-employment uries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, nership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital s; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay insurance benefits; gifts or prizes; and alimony. | | | | | |
| 3.1 | If you have filed a federal income tax return for either of the past two tax years, attach documents as described in Section 4.1 or 4.2. | | | | | |
| 3.2 | If you have not filed a federal income tax return for either of the past two years, and you have you earned or received any household income, attach documents as described in Section 4.2. | | | | | |
| 3.3 | If you have no household income in the past calendar year, proceed to Section 4.3. | | | | | |
| SECT | TION 4 – INCOME VERIFICATION DOCUMENTS | | | | | |
| | se review the methods of proving income below. Once you collect the documents, check the box to indicate you have collected all the documents requested and that you have included them in your submission to the sion. | | | | | |
| 4.1 Provide your most recent federal income tax return (first two pages). You must also include the fincome tax return (first two pages) of your spouse if you filed "married but filing separately." ▶ ☐ I have included the first two pages of my most recent federal tax return, and I have included spouse's first two pages of their federal tax return because I filed married but filing separately. | | | | | | |
| 4.2 | If you have not filed a federal income tax return for either of the past two tax years, you must provide documentation of all household income you and your spouse (if applicable) receive. | | | | | |
| | You must provide at least one piece of documentation for each source of household income. Acceptable forms of income include: | | | | | |
| | pay stubs (for the past month) letter from your employer containing your income by month or year W-2 1099 interest or bank statements | | | | | |
| | documents from the Division of Employment Security | | | | | |
| | If you claimed that anyone is in your household (Section 2.1 and Section 2.2 above), for each person claimed you must provide the person's full name, birth date, and describe the person's relationship to you. | | | | | |
| | ▶ ☐ I have included at least one piece of documentation for each source of household income, and for each person in my household I have included: (1) how the person is related to me; (2) their full name; and (3) birth date | | | | | |

| 4.3 | If you have no household income, you may or affirmed statement from the person who calendar year, or you may provide support through government assistance. | no has provided supp | port and maintenand | ce to you over the last |
|--|--|--|--|--|
| | ► I have included a sworn or affirmed | d statement from the | e person providing | for my support. |
| | ► ☐ I have included supporting docume assistance. | ntation that I am pri | marily supporting n | nyself through government |
| | ▶ ☐ Description of Document being sen | nt (please explain) | | |
| SEC1 | TION 5 – AUTHORIZATION AND CEI | RTIFICATION | | · |
| docur for an conce may b I furth of adr | r penalty of perjury, I declare that the informentation is true, complete, and correct to the administrative hearing. I understand that a rning my financial status could lead to probe subject to civil penalties including revocater authorize the release of financial information in the period of the penaltic status could lead to probe subject to civil penalties including revocater authorize the release of financial information in the penaltic status could lead to probe subject to civil penalties including revocate authorize the release of financial information in the penalties are the penalties in the penalties are the | the best of my know a false or dishonest a secution for perjury cation of my driver's nation to the Division des employers and | eledge, and that I am answer made under , which is a felony. s license. on to allow it to veri any governmental a | oath or affirmation I further understand that I fy eligibility of a waiver agencies, including the |
| | ivision in determining eligibility. | ma Department of I | cevenue, and any of | mer entities that could are |
| Printe | d Name | Technological production from the product and a stroken contact contacts design and technological production will be a stroken and the stroken | riversibles — a cum a reservance discontinued is ensured come had considered comments. | Annual Control of the |
| Signa | ture | | Date | |
| State | of | | | |
| Coun | ty of | | | |
| Affiri | ned to and subscribed before me this | day of | , 20 | _· |
| | Public | | | _ Signature of Notary |
| | (Official Seal) | (Printed or | typed name) | _, Notary Public |
| | | My commi | ission expires: | |

This form **may not** be notarized by an employee of the DMV.

SECTION 6 - WHERE TO SEND THIS FORM AND OTHER DOCUMENTS

You may mail or fax deliver this form and any accompanying documentation to the Division as follows:

Mailing Address: Administrative Support Unit 3118 Mail Service Center Raleigh, NC 27697-3118

Fax: (919) 715-0132

SECTION 7 - THE NEXT STEPS

After the Division receives your Hearing Request, completed Affidavit of Indigence and required income or benefit verification documents, it will be reviewed to determine if you are eligible for a waiver of the administrative hearing fee. Your eligibility is based upon the number of persons in your household, your household income, and the most recent released Federal Poverty Level Guidelines. After the Division reviews your application and required income verification documents, it will do one of the following:

- 1. Determine that you are eligible for a waiver of the administrative hearing fee, schedule a hearing, and mail the notice of hearing to the address identified on this Affidavit.
- 2. Determine that you need to provide the Division additional documentation to assess your eligibility for a waiver of the administrative hearing fee. The Division will notify you what additional information is required, and you will have 10 calendar days to comply with the Division's request for additional documentation. If you fail to provide the documentation, your request for an administrative hearing will be withdrawn.
- 3. Determine that you are not eligible for a waiver of the administrative hearing fee. The Division will then notify you that you have 10 calendar days to pay the full amount of the hearing fee to proceed with your request for an administrative hearing. If you fail to provide the required fee, your request for an administrative hearing will be withdrawn.
- 4. Determine that you did not complete this form or did not otherwise provide the requested information. Therefore, request for an administrative hearing will be immediately withdrawn.