

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

STATE OF ALASKA)

Plaintiff,)

vs.)

CASE NO. _____ CR

Defendant.)

DOB: _____)

**REQUEST FOR HEARING ON PROOF
OF SOBRIETY FOR LIMITED DRIVER'S
LICENSE ELIGIBILITY**

INSTRUCTIONS: *This procedure is not available in Anchorage, Fairbanks, Juneau, Bethel, or Ketchikan. This procedure is only available if you have a past felony conviction for operating a vehicle under the influence of alcohol or a controlled substance (AS 28.35.030). It is not available if your conviction was for refusing to submit to a chemical test (AS 28.35.032).*

NOTE: The court will not grant you a limited driver's license. *The Division of Motor Vehicles (DMV) may do that if you first prove to the court that you meet the eligibility requirements below. If the court determines you meet the eligibility requirements, you must still provide the DMV with the following: (1) a copy of the court's verification of eligibility for a limited driver's license; (2) proof of insurance as required by AS 28.20.230 and 28.20.240; (3) proof of installation of the ignition interlock device on every vehicle you operate; (4) an affidavit signed at the DMV agreeing to the use of the ignition interlock device; and (5) any other additional requirements and fee payments.*

REQUEST

I, _____, had my license revoked for a felony conviction under AS 28.35.030. I request a **hearing to show I may be eligible for a limited driver's license because:**

1. I have not previously been granted a limited license and had it revoked under AS 28.15.201.
2. I attached proof that I successfully completed a rehabilitative treatment program appropriate for my alcohol or substance abuse condition in accordance with AS 28.15.201(h).
3. I attached proof by clear and convincing evidence that I am currently sober and have maintained sobriety for a period of at least 18 months.
4. I attached a copy of the written notice that I gave **to the district attorney's office of** this request for hearing.

Date

Defendant's Signature

Defendant's Mailing Address

City

State

ZIP

Daytime Phone

ORDER FOR HEARING

Hearing ordered. Date: _____ Time: _____ Courtroom: _____

Request denied.

Date

Judge

I certify that on _____
a copy of this order was given or sent to:

Type or Print Judge's Name

Clerk: _____