

## **TO REQUEST A FINANCIAL RESPONSIBILITY HEARING**

Authority: 47 O.S. Section 7-101 et seq. and OAC 595:1-3-3(b)(4)(C).

Whenever your driving privileges have been suspended because the Department of Public Safety (“**Department**”) has received notice that a vehicle driven or owned by you was involved in a **collision** and you may not have had the required liability insurance coverage on the vehicle at the time of the collision, the “**REQUEST FOR A FINANCIAL RESPONSIBILITY HEARING**” form can be used by you or your representative to request an Administrative Hearing before the Department.

### **IF YOU ARE GRANTED A HEARING, THE FOLLOWING ISSUES WILL BE DETERMINED BY THE DPS HEARING OFFICER:**

1. If you owned or operated a vehicle involved in the accident.
2. If you have complied with the Financial Responsibility Law or comes under any exception to the law.
3. If there is a reasonable possibility a judgment could be rendered against you as a result of said accident.
4. The amount of security deposit, if applicable.
5. If you were in compliance with the Oklahoma Compulsory Insurance Law on the date of the accident.

The completed “**REQUEST FOR A FINANCIAL RESPONSIBILITY HEARING**” form (the written request) must be received by the Department **within ten (10) days** from the date of the “**NOTICE OF SUSPENSION**”. A timely request will stay the action of the Department until the disposition of the hearing unless the individual is under cancellation, denial, suspension or revocation for some other reason. The request may be mailed or hand delivered.

This completed form must be mailed to the **DEPARTMENT OF PUBLIC SAFETY, DRIVER COMPLIANCE DIVISION, P.O. BOX 11415, OKLAHOMA CITY, OK 73136-0415**, or hand delivered to the **DEPARTMENT OF PUBLIC SAFETY, DRIVER COMPLIANCE DIVISION, at 3600 MARTIN LUTHER KING AVE., OKLAHOMA CITY, OK.**

**REQUEST FOR A FINANCIAL RESPONSIBILITY HEARING**

**INSTRUCTIONS:**

FILL OUT THE FORM COMPLETELY. MAIL YOUR COMPLETED FORM TO **DPS, DRIVER COMPLIANCE DIVISION, P.O. BOX 11415, OKLAHOMA CITY, OK, 73136-0415**, OR HAND DELIVER THE FORM TO DPS, 3600 MARTIN LUTHER KING AVE., OKLAHOMA CITY, OK. YOU WILL BE NOTIFIED BY LETTER CONCERNING THE STATUS OF YOUR REQUEST.

**APPLICANTS INFORMATION:**

(PLEASE PRINT OR TYPE)

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER LICENSE NO.: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

\_\_\_\_\_ **THIS REQUEST IS FOR A HEARING**

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OR  
REPRESENTING ATTORNEY

\_\_\_\_\_  
DATE OF REQUEST

**WARNING:** If a hearing is granted, the notice of the date and time of the hearing will be mailed pursuant to 47 O.S. Section 2-116 to your address as shown by the records of the Department. Oklahoma law requires a driver license holder to notify the Department in writing within ten (10) days of any change of address. Changes of address can be made by mailing a written request to the **Oklahoma Dept. Of Public Safety, Driver License Services, P.O. Box 11415, Oklahoma City, OK 73136-0415**, by visiting your local tag agent or DPS in person, or by completing and submitting the change of address form online at [www.ok.gov/dps/](http://www.ok.gov/dps/).

***COMPLETE THIS SECTION ONLY IF AN ATTORNEY WILL REPRESENT YOU IN THE DEPARTMENT HEARING.***

**ATTORNEY INFORMATION**

ATTORNEY'S NAME: \_\_\_\_\_ BAR # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_