

INSTRUCTIONS FOR REQUESTING A FINANCIAL RESPONSIBILITY HEARING

If your driving privileges have been suspended because Service Oklahoma 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 of Public Safety (Department) to object to Service Oklahoma’s suspension.

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

IF YOU ARE GRANTED A HEARING, THE FOLLOWING ISSUES WILL BE REVIEWED BY THE DEPARTMENT’S HEARING OFFICER:

1. If you owned or operated a vehicle involved in the collision.
2. If you have complied with the Financial Responsibility Law or if you qualify for an exception to the law.
3. If there is a reasonable possibility that a judgment could be rendered against you because of said collision.
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 collision.

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 Service Oklahoma’s **“NOTICE OF SUSPENSION”**. A timely request will stay the action of Service Oklahoma until the disposition of the hearing unless the individual is under cancellation, denial, suspension, or revocation for some other reason.

Upon completion of the form, it must be **mailed** to the **DEPARTMENT OF PUBLIC SAFETY, LEGAL DIVISION, P.O. BOX 53004, OKLAHOMA CITY, OK 73152**, **emailed** to legal at **FRCase@dps.ok.gov** or **hand-delivered** to the **DEPARTMENT OF PUBLIC SAFETY, LEGAL DIVISION, AT 3600 MARTIN LUTHER KING AVENUE, OKLAHOMA CITY, OK. 73111**.

REQUEST FOR FINANCIAL RESPONSIBILITY HEARING FORM

APPLICANT INFORMATION (Please print or type)

FULL NAME: _____

DATE OF BIRTH: _____ DRIVER LICENSE NO: _____

HOME PHONE NO: _____ CELL PHONE NO: _____

EMAIL: _____

MAILING ADDRESS: _____

SIGNATURE OF DRIVER/OWNER OR ATTORNEY

DATE OF REQUEST

WARNING: If a hearing is granted, the notice of the date and time of the hearing will be mailed to your address as shown by the records at Service Oklahoma pursuant to 47 O.S. Section 2-116. Oklahoma law requires a driver license holder to notify Service Oklahoma within ten (10) days of any change of address.

COMPLETE THIS SECTION ONLY IF AN ATTORNEY WILL REPRESENT YOU AT THE DEPARTMENT HEARING

ATTORNEY'S NAME: _____ BAR No: _____

MAILING ADDRESS: _____

PHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____