# Walk-In Hearing Request

This form must be presented in person at the following offices: **Boston, Brockton, Lawrence, Springfield, and Worcester**.

**Registry of Motor Vehicles**
Driver Control

DATE: _____ TIME: _____ HEARING #: _____

**Note: You are limited to one (1) hearing on a particular revocation/suspension, unless you were informed by the RMV to return with additional documents or return at a later date.**

1. NAME: _____ 2. D.O.B.: _____
3. LICENSE #: _____ 4. STATE: _____
5. ADDRESS: _____
6. PRIOR ADDRESS: _____
7. TELEPHONE #: ( ) _____
8. Have you appeared before the RMV for a hearing on this matter before? ❑YES ❑NO

   If YES, why are you appearing again? _____

   _____
9. Have you appeared for a hearing at the Board of Appeals on this matter? ❑YES ❑NO

   If YES, when? _____

**I am formally applying for a hearing. I swear under the pains and penalties of perjury that the information in numbers 1-9 is true to the best of my knowledge.**

Signature: _____

| TYPE | ACTION |
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Hearings Officer: _____ #____

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