



STATE OF MICHIGAN  
 TERRI LYNN LAND, SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 LANSING

CASE NO. : \_\_\_\_\_

**VIDEO HEARING INFORMATION AND EVIDENCE AFFIDAVIT**

**FAX: (517) 335-2190 OR (517) 335-2189**

All hearings conducted at the scheduled hearing site are held via video conferencing. This means **ALL** evidence (including, if required, the ignition interlock final report) must be submitted **IN ADVANCE** as the hearing officer will not be present, but will appear on a television monitor. By completing and returning the **EVIDENCE AFFIDAVIT**, you are affirming that all evidence has been submitted and you are ready for the hearing to be scheduled.

Please complete the **EVIDENCE AFFIDAVIT** and return by mail or fax within **14 days**, or the file will be closed. If your file is closed, you will have to resubmit your request when you are prepared with current documentation.

**Interpreters:** If you need a foreign language interpreter, it is your responsibility to make arrangements to have one present. The interpreter must be qualified by the state and cannot be a family member or friend. If you need assistance in locating one, please contact the Department at 1-888-SOS-MICH. If you need a sign language interpreter, please contact us at (517) 335-1442 immediately, and we will make the arrangements.

After you have submitted this affidavit, a hearing date will be scheduled in approximately 4 weeks. You will receive a written notice informing you of the date and time about 10 days before the hearing.

**EVIDENCE AFFIDAVIT**

I have submitted all my evidence (substance abuse evaluation, testimonial letters, and, if required, ignition interlock final report, etc.) for my hearing. I understand that I will have an opportunity to present witnesses at the hearing. I also understand that the Department or hearing officer may refuse to accept additional written evidence after I submit this affidavit.

\_\_\_\_\_  
**Signature of Petitioner** \_\_\_\_\_  
**Date**

Please complete the following (please print):

Full Name \_\_\_\_\_  
 (as printed on license, or ID)

Present mailing address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number, including area code, where you can be contacted about this hearing (between 8:00 a.m. and 5:00 p.m EST): (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver License Number \_\_\_\_\_