

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
ADMINISTRATIVE HEARINGS SECTION  
On The Web At ct.gov/dmv

**INSTRUCTIONS**

1. Please type or Print.
2. File original with Administrative Hearings Section, Department of Motor Vehicles, 60 State Street, Wethersfield, CT 06161-4005.

CASE NUMBER

**In the matter of**

RESPONDENT

HEARING DATE

LOCATION

**A P P E A R A N C E**

Please enter the appearance of

LAW FIRM, PROFESSIONAL CORPORATION OR INDIVIDUAL

MAILING ADDRESS

JURIS NUMBER

TELEPHONE NUMBER

E-MAIL ADDRESS

**In the above entitled case for**☐ The respondent☐ All respondents☐ The following respondent only:☐ Other (Specify):

SIGNED (Individual Attorney Signing Appearance)

DATE SIGNED

**X**

PRINT OR TYPE NAME OF ATTORNEY SIGNING ABOVE

**NOTE:** If other counsel have already appeared for the party or parties indicated above, state whether this appearance is

☐ In lieu of appearance of attorney or law firm already on file

NAME OF ATTORNEY OR LAW FIRM

☐ In addition to appearance already on file