

IN THE MAGISTRATE COURT OF _____ COUNTY, WEST VIRGINIA

STATE OF WEST VIRGINIA

Case No.: _____

v.

Defendant(s) Name (*First/Middle/Last*)

Social Security No.: XXX - XX - _____

Date of Birth: ____ / ____ / ____

Street Address

Phone Number: _____

City, State, Zip Code

Drivers License # _____

REQUEST FOR A REFUSAL REVIEW HEARING

W.Va. Code §17C-5-7a(c)

I, _____ am requesting a **REFUSAL REVIEW HEARING** as a result of my recent DUI arrest.

DATE

DEFENDANT

FOR COURT USE ONLY

Case No.: _____

Date of Arrest: _____

Date this request was received by the Court:

Magistrate grants this request for a hearing.

This request for a refusal review hearing is not granted, as it was not filed in this court within 30 days of said refusal.

DATE

MAGISTRATE