



WASHINGTON STATE  
DUI ARREST REPORT

CASE / CITATION NUMBER

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

**CONSTITUTIONAL RIGHTS**

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE \_\_\_\_\_

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
SUBJECT'S SIGNATURE

\_\_\_\_\_  
DATE / TIME

\_\_\_\_\_  
LOCATION(s)

Constitutional rights (Miranda) were read in the field at \_\_\_\_\_ hours from the department issued rights card.

| ATTORNEY REQUESTED                                       | ATTORNEY CONTACTED? TIME:                                                                | ATTORNEY'S NAME | ATTORNEY'S PHONE NO. |
|----------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------|----------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE |                 |                      |
| EXPLANATION:                                             |                                                                                          |                 |                      |
|                                                          |                                                                                          |                 |                      |

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**IMPLIED CONSENT WARNING FOR BREATH**

**WARNING! YOU ARE UNDER ARREST FOR:**  
**(check appropriate box(es))**

- RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol or marijuana.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol or THC in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BREATH WHICH CONSISTS OF TWO SEPARATE SAMPLES OF YOUR BREATH, TAKEN INDEPENDENTLY, TO DETERMINE ALCOHOL CONCENTRATION.

1. YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BREATH TEST; AND THAT IF YOU REFUSE:
  - (A) YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND
  - (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.
2. YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS IF YOU ARE:
  - (A) AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS 5.00 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE;  
OR
  - (B) UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS ABOVE 0.00, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE.

THE BREATH TEST INSTRUMENT WILL NOT TEST FOR THC CONCENTRATION IN A BREATH SAMPLE.
3. IF YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE IS SUSPENDED, REVOKED, OR DENIED, YOU MAY BE ELIGIBLE TO IMMEDIATELY APPLY FOR AN IGNITION INTERLOCK DRIVER'S LICENSE.
4. YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

**FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST:** IF YOUR DRIVER'S LICENSE IS SUSPENDED OR REVOKED, YOUR COMMERCIAL DRIVER'S LICENSE, IF ANY, WILL BE DISQUALIFIED.

**FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST:** IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, OR ANY MEASURABLE AMOUNT OF THC CONCENTRATION, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION

WILL YOU NOW SUBMIT TO A BREATH TEST?  YES  NO

Did subject express any confusion regarding the implied consent warnings? **If yes, explain below.**  YES  NO

|                                                                                                                                                                                                                                                         |                                                          |                                                          |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> At the time of this test(s), I was certified to operate the BAC DATAMASTER and the BAC DATAMASTER CDM and possessed a valid permit issued by the State Toxicologist.                                                           |                                                          |                                                          |                                                                                                                                                                        |
| <input type="checkbox"/> At the time of this test(s), I was certified to operate the DRAEGER ALCOTEST 9510 and possessed a valid permit issued by the State Toxicologist.                                                                               |                                                          |                                                          |                                                                                                                                                                        |
| DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH?                                                                                                                                                                                                        | MOUTH CHECKED? TIME?                                     | 2 <sup>ND</sup> MOUTH CHECK? (If Necessary) TIME?        | ANY FOREIGN SUBSTANCES FOUND? EXPLAIN:<br>REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                        |
| <input type="checkbox"/> I observed the subject from the time of the mouth check through the completion of the breath test.                                                                                                                             |                                                          |                                                          |                                                                                                                                                                        |
| <input type="checkbox"/> The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.                                                                                                     |                                                          |                                                          |                                                                                                                                                                        |
| <input type="checkbox"/> At the time of this test, I possessed a valid permit issued by the State Toxicologist and was certified to operate the PBT. The test was performed in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC) |                                                          | PBT READING                                              | PBT TIME                                                                                                                                                               |
| <input type="checkbox"/> BOOKED                                                                                                                                                                                                                         | RELEASED TO:                                             |                                                          |                                                                                                                                                                        |
| <input type="checkbox"/> PR'D                                                                                                                                                                                                                           |                                                          |                                                          |                                                                                                                                                                        |

**WASHINGTON STATE  
DUI ARREST REPORT  
DUI INTERVIEW**

CASE / CITATION NUMBER

|                                                                                                                              |                                                                                                                      |                                                                                                                                                                                                                                       |                                                          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN:<br><input type="checkbox"/> YES <input type="checkbox"/> NO                |                                                                                                                      | 13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                         |                                                          |
| 2. DO YOU LIMP?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                  |                                                                                                                      | 14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                              |                                                          |
| 3. ARE YOU SICK / INJURED? EXPLAIN:<br><input type="checkbox"/> YES <input type="checkbox"/> NO                              |                                                                                                                      | 15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                   |                                                          |
| 4. UNDER CARE OF A DOCTOR OR DENTIST?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                            |                                                                                                                      | 15A. WHAT?                                                                                                                                                                                                                            | 15B. HOW MUCH?                                           |
| 5. ARE YOU DIABETIC / EPILEPTIC?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                 |                                                                                                                      | 16. TIME COLLISION OCCURRED?                                                                                                                                                                                                          |                                                          |
| 6. DO YOU TAKE INSULIN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                          | 7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                       | 17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION? |
| 7A. PRESCRIPTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                |                                                                                                                      | 18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? (ACTUAL TIME)                                                                                                                                                                      |                                                          |
| 7B. NON-PRESCRIPTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                            |                                                                                                                      | 19. WHAT STREET / HIGHWAY WERE YOU ON?                                                                                                                                                                                                |                                                          |
| 7C. LAST DOSE?                                                                                                               |                                                                                                                      | 20. DIRECTION OF TRAVEL?                                                                                                                                                                                                              |                                                          |
| 7D. QUANTITY?                                                                                                                |                                                                                                                      | 21. STARTED FROM?                                                                                                                                                                                                                     |                                                          |
| 7E. COCAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                        |                                                                                                                      | 22. TIME STARTED?                                                                                                                                                                                                                     |                                                          |
| MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                          |                                                                                                                      | 23. DAY OF THE WEEK?<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                                          |
| OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                              |                                                                                                                      | 24. WHAT CITY / COUNTY ARE YOU IN NOW?                                                                                                                                                                                                |                                                          |
| 8. DO YOU HAVE IMPAIRED VISION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                  |                                                                                                                      | 25. WHAT IS THE DATE?                                                                                                                                                                                                                 |                                                          |
| 8A. DO YOU WEAR CORRECTIVE LENSES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                               |                                                                                                                      | 26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                           |                                                          |
| 8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                      | 26A. WHAT HAVE YOU BEEN DRINKING?                                                                                                                                                                                                     |                                                          |
| 9. WHERE DO YOU WORK?                                                                                                        |                                                                                                                      | 26B. HOW MUCH?                                                                                                                                                                                                                        |                                                          |
| 9A. DID YOU WORK TODAY?                                                                                                      |                                                                                                                      | 26C. WHEN DID YOU START?                                                                                                                                                                                                              |                                                          |
| 10. TIME YOU GOT OFF WORK?                                                                                                   |                                                                                                                      | 27. WHO HAVE YOU BEEN DRINKING WITH?                                                                                                                                                                                                  |                                                          |
| 11. HOURS OF SLEEP LAST NIGHT?                                                                                               |                                                                                                                      | 28. WHERE WERE YOU DRINKING?                                                                                                                                                                                                          |                                                          |
| 12. WERE YOU DRIVING THE VEHICLE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                |                                                                                                                      | 29. TIME OF LAST DRINK?                                                                                                                                                                                                               |                                                          |
| 30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE?                                     |                                                                                                                      | 31. HAVE YOU EVER BEEN ARRESTED FOR DUI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY TIMES?                                                                                                      |                                                          |

**If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.**

**PRE-ARREST OBSERVATIONS**

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1. ATTITUDE</u><br><input type="checkbox"/> COOPERATIVE<br><input type="checkbox"/> MOOD SWINGS<br><input type="checkbox"/> ARGUMENTATIVE<br><input type="checkbox"/> CRYING<br><input type="checkbox"/> LAUGHING<br><input type="checkbox"/> OTHER: | <u>2. COORDINATION</u><br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR<br><input type="checkbox"/> FUMBLING FOR DRIVER'S LICENSE<br><input type="checkbox"/> OTHER: | <u>3. CLOTHES</u><br><input type="checkbox"/> ORDERLY<br><input type="checkbox"/> SOILED - EXPLAIN<br><input type="checkbox"/> OTHER: EXPLAIN<br><input type="checkbox"/> SHOES (Describe) | <u>4. EYES</u><br><input type="checkbox"/> NORMAL<br><input type="checkbox"/> WATERY<br><input type="checkbox"/> DROOPY<br><input type="checkbox"/> BLOODSHOT<br><input type="checkbox"/> PUPILS DILATED<br><input type="checkbox"/> PUPILS CONSTRICTED<br><input type="checkbox"/> OTHER: | <u>5. FACIAL COLOR</u><br><input type="checkbox"/> NORMAL<br><input type="checkbox"/> FLUSHED<br><input type="checkbox"/> PALE<br><input type="checkbox"/> OTHER: | <u>6. ODOR OF INTOXICANTS ON BREATH</u><br><input type="checkbox"/> NONE<br><input type="checkbox"/> FAINT<br><input type="checkbox"/> MEDIUM<br><input type="checkbox"/> STRONG<br><input type="checkbox"/> OBVIOUS<br><input type="checkbox"/> OTHER: | <u>7. SPEECH</u><br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> REPETITIVE<br><input type="checkbox"/> FAST<br><input type="checkbox"/> SLURRED<br><input type="checkbox"/> OTHER: |
| 8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs)<br><input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME                                                                         |                                                                                                                                                                                                                        | 9. SUBJECT'S NATIVE LANGUAGE<br><input type="checkbox"/> ENGLISH<br><input type="checkbox"/> OTHER                                                                                         |                                                                                                                                                                                                                                                                                            | 9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                       |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |
| 9B. INTERPRETER REQUESTED? EXPLAIN BELOW:<br><input type="checkbox"/> YES <input type="checkbox"/> NO TIME:                                                                                                                                             |                                                                                                                                                                                                                        |                                                                                                                                                                                            | INTERPRETER PROVIDED                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |
| 10. PASSENGER(S) INFORMATION                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |



WASHINGTON STATE  
**DUI ARREST REPORT  
NARRATIVE**

CASE / CITATION NUMBER

**Vehicle in Motion** (Initial Observation, Observation of Stop):

**Personal Contact** (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

**Pre-Arrest Screening** (Field Sobriety Tests):

**Administrative Process** (BAC and Disposition):

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED

WASHINGTON STATE  
DUI ARREST REPORT

CASE / CITATION NUMBER

**NOTE: READ THIS FORM WHEN THERE ARE EXIGENT CIRCUMSTANCES OR WHEN A SEARCH WARRANT AUTHORIZES THE BLOOD DRAW.**

**SPECIAL EVIDENCE WARNING**

**WARNING! YOU ARE UNDER ARREST FOR:**

- VEHICULAR HOMICIDE
- UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)
- FELONY DUI or FELONY PHYSICAL CONTROL
- VEHICULAR ASSAULT
- DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER

A TEST OF YOUR BLOOD WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; DUE TO THE CIRCUMSTANCES OF YOUR ARREST, THIS WILL BE DONE REGARDLESS OF YOUR CONSENT; YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

On \_\_\_\_\_, I read the above warning to \_\_\_\_\_.  
(date) (defendant)

Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name/Title of Person who extracted the blood: \_\_\_\_\_

Signature of Person who extracted the blood: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Blood Draw: \_\_\_\_\_

**Distribution**—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

**VOLUNTARY BLOOD DRAW CONSENT FORM**

I, \_\_\_\_\_, voluntarily permit officer \_\_\_\_\_ to obtain a sufficient amount of my blood to test it to determine its alcohol and/or drug content.

I understand that I have the right to refuse to give consent to a voluntary blood draw and that I may require the officer(s) to obtain a search warrant.

I understand that the blood will be extracted by a physician, a registered nurse, a licensed practical nurse, a nursing assistant, a physician assistant, a health care assistant, a first responder, an emergency medical technician, or a technician who is trained in withdrawing blood.

I realize that the blood will be tested to determine blood alcohol level and to detect the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540. I understand that if the test reveals a blood alcohol level and/or the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540, that the blood alcohol level and/or the presence and/or level of marijuana, or any drug, may be used as evidence against me in subsequent legal proceedings.

I understand that I have right to additional tests administered by a qualified person of my choosing.

If I wish to consult with an attorney before giving consent, reasonable efforts will be made to put me in telephonic contact with a public defender or an attorney of my choice.

My consent has been given knowingly, freely, and voluntarily, without threats of duress against my person or promise of reward.

Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Consenter \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name/Title of Person who extracted the blood: \_\_\_\_\_

Signature of Person who extracted the blood: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Blood Draw: \_\_\_\_\_

**Distribution**—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

## Request for DUI Hearing

This is your notice that the Department of Licensing (DOL) intends to suspend, revoke or deny your license, permit, or privilege to drive. You have the right to request a formal hearing to contest the suspension or revocation of your driving privilege. The hearing will be conducted according to Chapter 308-103 WAC. For issues covered at the hearing refer to RCW 46.20.308.

A non-refundable fee of \$375 must be included with your request, unless you are determined to be indigent (see Indigent Requests below). **Your request must be made within 20 days after receipt of this notice.** If your request is not made within 20 days after receipt of this notice, you will have waived your right to a hearing.

Send this completed form with a check or money order payable to Department of Licensing to:

Hearings & Interviews  
**Department of Licensing**  
 PO Box 9048  
 Olympia, WA 98507-9048

If you have a Washington State driver license and a valid MasterCard, Visa, or American Express credit card, you may apply for a hearing online. Visit our website at [www.dol.wa.gov](http://www.dol.wa.gov) for more information.

**Indigent Requests** – If you are applying as indigent (defined in RCW 10.101.010) and want the hearing fee waived, use form HRNG-525-010, Application for DUI Indigent Waiver, available at our website at [www.dol.wa.gov](http://www.dol.wa.gov).

**All correspondence will be mailed to the address on file with DOL.** To update your address, visit us online at [www.dol.wa.gov](http://www.dol.wa.gov) or go to your local licensing office.

|                                                                   |                                 |                |                              |                |
|-------------------------------------------------------------------|---------------------------------|----------------|------------------------------|----------------|
| PRINT or TYPE Name <i>(Last, First, Middle)</i>                   |                                 | Date of birth  | (Area code) Telephone number |                |
| Email                                                             | Driver license number           |                | State                        | Date of arrest |
| Attorney name, if applicable <b>(Do not list public defender)</b> |                                 |                |                              |                |
| Attorney address <i>(Address, City, State, ZIP code)</i>          |                                 |                |                              |                |
| (Area code) Attorney telephone number                             | (Area code) Attorney fax number | Attorney email |                              |                |

If parties or witnesses are non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

|                                                                                                                          |                  |         |
|--------------------------------------------------------------------------------------------------------------------------|------------------|---------|
| Request for interpreter<br><input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am hearing impaired | Primary language | Dialect |
|--------------------------------------------------------------------------------------------------------------------------|------------------|---------|

Any valid license in your possession is only valid for 60 days from the date of this arrest, the expiration date noted on the license, or until the Department’s action is upheld at a hearing, whichever occurs first.

Authority: RCW 46.20.308