



STATE OF NEW YORK DEPARTMENT OF MOTOR VEHICLES

6 EMPIRE STATE PLAZA, ALBANY, NY 12228

BARBARA J. FIALA
Acting Commissioner

"P" 9 (2011)

"M" 7 (2011)

Albany, New York

May 9, 2011

TO: All Enforcement Agencies and Magistrates

SUBJECT: Revised DMV Form AA-137 "Notice of Temporary Suspension and Notice of Hearing"

Please note that form AA-137 "Notice of Temporary Suspension and Notice of Hearing" has been revised to add the NYS DMV Safety Hearing Bureau phone number.

A copy of the revised form is attached. Note that it has a 10/10 print date. Please destroy and do not use versions of the AA-137 with print dates earlier than 02/08, as these forms contain information that is now inaccurate. You may continue to use AA-137 forms with print dates of 02/08 and 07/09.

Courts may use the fill-in version of the AA-137 (10/10) on VPASS. If your court does not currently have a VPASS account, please contact TSLED at **1-800-948-7533, extension 2** to inquire about obtaining one.

The AA-137 "Notice of Temporary Suspension and Notice of Hearing" form is completed at the motorist's arraignment for a violation of Section 1192 of the Vehicle and Traffic Law (VTL), when the motorist has also allegedly refused to submit to a chemical test [Section 1194(2) of the VTL]. As in the past, four copies of the form should be completed. One copy is given to the motorist; one copy is kept for the court records; one copy is given to the arresting officer; and one copy is sent to the DMV Safety Hearing Bureau, along with a copy of form AA-134 "Report of Refusal to Submit to Chemical Test". **Please note, when the judge or the clerk of the court signs the AA-137, he or she is verifying for the record that the suspension and hearing notice was given to the motorist.**

Please share this information with appropriate staff. Thank you.

Barbara J. Fiala
Acting Commissioner

Attachment



New York State Department of Motor Vehicles
NOTICE OF TEMPORARY SUSPENSION AND NOTICE OF HEARING
 (Section 1194 of Vehicle & Traffic Law)
Read Both Sides, Please!

DISTRIBUTION

Complete four (4) copies of this form (please print). Distribute as follows: one (1) copy to motorist; one (1) copy for court records; one (1) copy to the arresting officer; and **mail one (1) copy, with a copy of the Police Chemical Test Refusal Report (AA-134), to the Department of Motor Vehicles, SAFETY HEARING BUREAU, 6 Empire State Plaza, Room 312, Albany, New York 12228-0312.**

Motorist's Last Name		First	M.I.	Date of Birth (MM/DD/YYYY)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Motorist's Street Address (Include Street Number and Name, Rural Delivery Box and/or Apartment Number).				Ticket Number			
City			State		Zip Code		
Date of Alleged Refusal		Location of Refusal		Arresting Officer			
Police Agency		Telephone Number (Area Code) ()		Tax Registry Number (NYC Only)		Command #	Precinct No.
Arrestment Date	Court Name		Street		City/Town	Zip Code	County
Docket No.	License Turned In? <input type="checkbox"/> Yes <input type="checkbox"/> No						

ATTENTION: MOTORIST

Your driver license (or driving privilege if you don't live in New York State) has been temporarily suspended by the court for your alleged refusal to submit to a chemical test (Section 1194-2 of the Vehicle and Traffic Law). The suspension is effective on the arraignment date shown above. This court suspension will end in 15 days or on the date of hearing, whichever comes first. However, further action concerning your license will be taken by the Department of Motor Vehicles on the date of the hearing.

Bring this notice with you to the hearing. You may have an attorney or other representative with you at the hearing, and you should be prepared to present all evidence and witnesses in your behalf at the hearing.

If you need special accommodations (such as a handicap-accessible hearing site, or if you are hearing-impaired), please contact the Safety Hearing Bureau at (518) 474-1509 as soon as possible before the hearing. If you are hearing-impaired, we will provide an interpreter at no charge. It is your responsibility to bring an English translator to the hearing, if you need one.

This chemical test hearing is independent of the criminal court case charging you with DWI. Do not assume that a criminal plea or dismissal in court will affect this hearing.

If you do not come to the hearing, your absence will be considered your agreement to waive the hearing. This will result in immediate revocation of your license or driving privilege.

VOLUNTARY WAIVER OF HEARING

You may waive the hearing by sending a written waiver to the Safety Hearing Bureau of the Department of Motor Vehicles. *To request a waiver, see the other side of this notice.*

ATTENTION: MOTORIST AND ARRESTING OFFICER

You are required to appear in person for a hearing (Section 1194-2 of the Vehicle and Traffic Law) based on the written report of the police officer that the motorist named above refused to submit to a chemical test for the purpose of determining the alcohol or drug content of his/her blood, after being properly warned of the consequences of refusing. The hearing will also determine if the motorist's license should be revoked. The officer should bring this notice and a copy of the refusal report (AA-134) to the hearing.

Date of Hearing (or Waiver)	Time of Hearing <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Hearing Location	



Judge or Clerk of the Court: *sign above to indicate that motorist was handed this Notice of Temporary Suspension.*



New York State Department of Motor Vehicles
 Safety Hearing Bureau
 6 Empire State Plaza, Room 312
 Albany New York 12228-0312
 Telephone No: (518) 474-1509

WAIVER OF HEARING

CONSENT TO REVOCATION OF DRIVER LICENSE
 BASED ON REFUSAL TO SUBMIT TO CHEMICAL TEST
(Section 1194 of Vehicle & Traffic Law)

If you want to voluntarily waive the hearing, complete this form and send it to the above address.

TO: **COMMISSIONER OF MOTOR VEHICLES**

Motorist's Last Name	First	M.I.	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Motorist's Street Address (Include Street Number and Name, Rural Delivery Box, and/or Apartment Number)			Ticket Number	
City	State	Zip Code	Daytime Telephone No. (Area Code) ()	

On _____, I was arrested in the City Town Village, of _____,
 (Date)
 in the County of _____, New York by a member of _____
 (Police Agency)

on a charge of operating a motor vehicle while under the influence of alcohol or drugs, in violation of Section 1192 of the Vehicle and Traffic Law of the State of New York. It is alleged that I refused to submit to a chemical test as described in Section 1194 of the Vehicle and Traffic Law. I was driving a motor vehicle with license plate number _____.

By signing this document, I waive my right to an administrative hearing by the Department of Motor Vehicles to decide if my license should be revoked for my refusal to submit to a chemical test as described above. Because of such refusal, I agree to have my license (or driving privilege in New York State) revoked.

I agree that, if presented, the testimony of the arresting officer would establish all required elements to prove a refusal to submit to a chemical test, as described in Section 1194 of the Vehicle and Traffic Law.

I understand that this means my license (or privilege of driving a motor vehicle in New York State) will be revoked. Before I may be issued a new license or have my driving privilege restored, I must pay a \$500 civil penalty required by law (\$550 if I hold a commercial driver license or was operating a commercial motor vehicle at the time of the offense).

I understand that a chemical test refusal will result in a driver responsibility assessment of \$750, payable to DMV in three (3) annual installments of \$250. If I do not pay the assessment DMV will suspend my driver license, learner permit, and/or driving privileges.

If this is my second chemical test refusal in five years, or if I have been convicted of a violation of any subdivision of Section 1192 of the Vehicle and Traffic Law within the past five years, I must pay a \$750 civil penalty before I may be issued a new license or have my driving privilege restored. Multiple alcohol/drug incidents (3 or more) may result in permanent driver license/driving privilege revocation.

Signature of Driver _____ Date _____
 (Sign Name in Full)

(Enclose your New York State license, if it was not previously surrendered.)

