

APPENDIX

J



Approved, SCAO

Original - Court
1st copy - Defendant
2nd copy - Return

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	ORDER FOR VEHICLE IMMOBILIZATION	CASE NO.
---	---	-----------------

Court address

Court telephone no.

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v
--	---

Defendant's name, address, and telephone no.	
DLN	DOB

1. The defendant was convicted on _____ for
Date
 - violating section 625 of the Michigan vehicle code or a substantially corresponding local ordinance.
 - violating section 625(4) or (5) of the Michigan vehicle code or a substantially corresponding local ordinance.
 - driving in violation of a suspension/revocation with at least two or more prior violations of a suspension or revocation.
2. The violation occurred while the defendant was driving a vehicle identified as:
 Year: _____ Make: _____ License plate no: _____ VIN: _____

ORDER

IT IS ORDERED:

3. The defendant shall have:
 - a. himself/herself and the vehicle immobilized through tether technology.
 - b. the above described vehicle immobilized by use of any available means that locks the ignition, wheels, or steering of the vehicle or otherwise prevents the defendant from operating the vehicle.
4. Unless otherwise ordered, sale of the vehicle to a non-family member, with proof of sale to the court, satisfies the immobilization requirement.
5. This order shall be satisfied at the expense and risk of the owner, co-owner, lessee, or co-lessee for _____
days
 starting _____ unless otherwise ordered by the court.
Date
 If the vehicle is not immobilized by the above start date, the vehicle is subject to impoundment by any law enforcement officer in the state until further order of the court.
6. Other:

_____ Date

_____ Judge/Magistrate _____ Bar no.

NOTE: It is a 93 day misdemeanor to tamper with, remove, or bypass a device that has been installed on a vehicle by court order for vehicle immobilization or to purchase, lease, or otherwise obtain a motor vehicle during a period of vehicle immobilization.

CERTIFICATION OF IMMOBILIZATION

I certify that on _____, I immobilized the above described vehicle by use of the following means:
Date

_____ Date

_____ Signature

_____ Business name _____ Telephone no.

_____ Name (type or print)

_____ City, state, zip

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ORDER REGARDING DRIVER'S LICENSE RESTORATION	CASE NO.
--	---	-----------------

Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no.	Date of birth
Petitioner's attorney, bar no., address, and telephone no.	

v

Respondent SECRETARY OF STATE OF THE STATE OF MICHIGAN Driver Assessment and Appeal Division PO Box 30196 Lansing, Michigan 48909-7696
Respondent's attorney, bar no., address, and telephone no.

Date of hearing: _____ Judge: _____ Bar no. _____

1. On _____ petitioner filed a petition for review of the _____
Date Date

- a. (For arrests on or after 10/1/99.)
 - application denial for medical reasons (MCL 257.303[1][d]).
 - driver assessment suspension, restriction (**not a revocation**) (MCL 257.310d, MCL 257.320).
 - first implied consent suspension (MCL 257.323[3] and MCL 257.625f).
 - mandatory additional suspension for driving while license suspended (**not a revocation**) (MCL 257.904[10] or [11]).
 - second implied consent suspension (MCL 257.323[4] and MCL 257.625f).
- b. (For arrests from 1/1/92 through 9/30/99.)
licensing action _____

IT IS ORDERED:

- 2. The Secretary of State shall restore a driver's license with full privileges to the petitioner.
- 3. The Secretary of State shall issue restricted driving privileges as follows.
 - a. The petitioner may drive to and from the residence and place of employment and in the course of employment, to a substance abuse treatment program and/or support group meetings, to regularly scheduled treatment for a serious medical condition, to the probation office and community service, and to an educational institution. **The petitioner must carry proof of destination and hours.**
 - b. If there is any evidence of drinking while using a motor vehicle, or if there is a violation of this order during the period that this order is in effect, police shall confiscate the driver's license and return it to the court. A hearing will be held if requested by the petitioner within 14 days from the date the license is confiscated.
 - c. Provided the petitioner abides by the conditions of this order, the restricted driver's license shall terminate on _____ **AND**
 - on that date the petitioner shall appear before the court for further examination and review. **OR**
 - the court relinquishes jurisdiction to the Secretary of State. **OR**
 - on that date the Secretary of State shall restore full driving privileges.
- 4. The petitioner's appeal for licensing privileges is denied.
- 5. Any relief granted in this order is effective only for an action listed in item 1 above.

(continued on other side)

6. This order shall be void and without effect if a certified copy of this order is not served on the Secretary of State, Driver Assessment and Appeal Division, PO Box 30196, Lansing, Michigan 48909-7696 within 7 days of the date this order is signed.

Date

Judge

Approved as to form: _____
Assistant attorney general/Assistant prosecuting attorney

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ORDER REGARDING DRIVER'S LICENSE RESTORATION AFTER REVIEW OF THE RECORD	CASE NO.
--	--	-----------------

Court address

Court telephone no.

Petitioner's name, address, and telephone no.	
Driver's license no.	Date of birth
Petitioner's attorney, bar no., address, and telephone no.	

v

Respondent SECRETARY OF STATE OF THE STATE OF MICHIGAN Driver Assessment and Appeal Division PO Box 30196 Lansing, Michigan 48909-7696
Respondent's attorney, bar no., address, and telephone no.

Date of Hearing: _____ Judge: _____ Bar no. _____

1. On _____ Date _____ petitioner filed a petition for review of the _____ Date _____

- a. revocation/suspension for (For arrests before 1/1/92.)
 - two convictions for OUIL within 7 years with arrest date before 1/1/92.
 - three convictions for any combination of OUIL/OWI with arrest date before 1/1/92.
 - a conviction pursuant to MCL 257.625(4) or (5).
 - a conviction of negligent homicide, manslaughter, or murder involving use of motor vehicle.
- b. _____ suspension/revocation/restriction/denial other than
License action _____
an application denial for medical reasons, driver assessment suspension/restriction, first implied consent suspension, or mandatory additional suspension for driving while license suspended. (For arrests on or after 10/1/99.)

IT IS ORDERED:

- 2. **Administrative Revocation/Denial:** After a review of the record created pursuant to MCL 257.322, in the matter of a determination resulting in a denial or revocation authorized pursuant to MCL 257.303,
 - a. the hearing officer's decision is upheld by competent, material, and substantial evidence on the whole record in accordance with MCL 257.323(4) and the petition is denied. **OR**
 - b. the hearing officer's decision is set aside and the petition is granted because the petitioner's substantial rights have been prejudiced by the determination, which is
 - in violation of the constitution of the United States, the state constitution of 1963, or a statute.
 - in excess of the Secretary of State's statutory authority or jurisdiction.
 - made upon unlawful procedure resulting in material prejudice to the petitioner.
 - not supported by competent, material, and substantial evidence on the whole record.
 - arbitrary, capricious, or clearly an abuse or unwarranted exercise of discretion.
 - affected by other substantial and material error of law.
 This conclusion is based upon the fact that _____

_____ .
The decision shall be set aside and full licensing privileges shall be reinstated subject to the payment of a reinstatement fee and compliance with renewal procedures.

- c. the court remands the matter to the Driver Assessment and Appeal Division for _____

(continued on other side)

3. This order is without effect if no review of the appellate record prepared pursuant to MCL 257.322 has been conducted as required by MCL 257.323.
4. In all other cases for arrests after 10/1/99,
- a. after a review of the driving record created pursuant to MCL 257.204a, it is found the action was legally imposed pursuant to law.
 - b. the action was imposed in violation of law and is set aside.
5. This order shall be void and without effect if a certified copy of this order is not served on the Secretary of State, Driver Assessment and Appeal Division, PO Box 30196, Lansing, Michigan 48909-7696 within 7 days of the date this order is signed.

Date

Judge

Approved as to form: _____
Assistant attorney general/Assistant prosecuting attorney

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date

Signature



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

Driver Assessment & Appeal Division
FAX: (517) 335-2190
INSTRUCTIONS - How to Order a Transcript

When to order a transcript? Within 182 days of the Driver Assessment and Appeal Division (DAAD) Hearing, to ensure the tape is available for transcription (R 257.314).

How to order a transcript? Requests must be in writing, and include all the information below. You may submit your request by mailing to DAAD, PO Box 30196, Lansing, MI 48909-7696, or FAX to (517) 335-2190.

Preparation time and completion of a transcript request? It may take up to 50 days from the date the written request is received in the Driver Assessment and Appeal Division to be completed and sent out.

Costs? Costs cannot be estimated before completion. You will be charged a maximum of \$3.50 per page with a \$9.00 C.O.D fee. (Fees are waived for law enforcement and other government agencies). *SEE BELOW.

Cancellation? Transcript orders may be cancelled without charge at any time before work on the transcript has begun, by submitting a written cancellation notice, by mail or FAX.

Please print clearly or type the information requested below. The requesting party must sign and date the form.

Petitioner's Full Name:		Driver License Number:	County of Residency:
Date of DAAD Hearing:	Location of DAAD Hearing:	Name of Hearing Officer:	

Other Information (Circuit or District Court Dates, etc.):

Trial Date:	*Circuit Court Date:
County:	*Other:

***If the transcript is needed or the court date listed is less than 20 business days from the receipt of this request, you will be charged an expedited rate of up to \$7.00 per page plus shipping charges and a \$9.00 COD fee.**

Transcript Requested By:

Mail Transcript to (if different from request address):

Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Bar Number (if applicable):	

Requester's Signature: _____ Date _____