

RESTITUTION LIEN HEARING REQUEST

To request a hearing, please complete the following and mail to the address above.

Name (first, middle, last, suffix)					Email Address				
Mailing Address					City			State	Zip
Date of Birth			Driver License Number				State Issued		
Home Telephone ()			Work Telephone ()			Cell Phone ()			
Reason for Request (see A.A.C. § R17-1-512)									
Signature					Date				

Vehicle Identification Number															Date of Vehicle Purchase				

Defendant/Obligor/Name on Title Information

Name (first, middle, last, suffix)					Email Address				
Mailing Address					City			State	Zip
Home Telephone ()			Work Telephone ()			Cell Phone ()			

Vehicle Seller or Other Persons or Parties Involved (if different than above)

Name (first, middle, last, suffix)					Email Address				
Business Name (If Applicable)									
Mailing Address					City			State	Zip
Home Telephone ()			Work Telephone ()			Cell Phone ()			

Court Information

Name of the court that placed the lien on this vehicle					Court Case Number				
If Vehicle was sold by advertisement, where was advertisement posted									

****PLEASE INCLUDE COPIES OF TITLE, REGISTRATION, SALES RECEIPT,
VEHICLE ADVERTISEMENT AND ALL OTHER SUPPORTING DOCUMENTS****