



**Administrative Driver’s License Revocation Office (“ADLRO”)**

American Savings Bank Tower  
1001 Bishop Street, Suite 500  
Honolulu, Hawai’i 96813  
Telephone: (808) 534-6800 / Fax: (808) 534-6888  
Toll Free Number: 1-866-826-5656  
Website: www.courts.state.hi.us/courts/administrative/adlro.html

**REQUEST FOR WAIVER OF ADMINISTRATIVE HEARING FEE  
AND DECLARATION IN SUPPORT**

**Please type or clearly print all information.**

Respondent’s Name \_\_\_\_\_ ADLRO Case No. \_\_\_\_\_

Last Four Digits of Respondent’s SSN \_\_\_\_\_

I, \_\_\_\_\_, declare that I am the Respondent in the above entitled case; that in support of my request for waiver of the administrative hearing fee, I state that because of my poverty, I am unable to pay the administrative hearing fee and that I believe I am entitled to relief.

1. Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If the answer is “yes,” state the amount of your salary or wages per month, and give the name and address of your employer. Please attach a copy of your pay stub or other verification.

\_\_\_\_\_  
\_\_\_\_\_

b. If the answer is “no,” state the date of last employment and the amount of the salary and wages per month that you received.

\_\_\_\_\_  
\_\_\_\_\_

2. Within the past twelve months, have you received any cash, money, or other form of compensation from any of the following sources?

a. Business, professional or any form of self-employment? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Rent payments, interest or dividends? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Pensions, annuities or life insurance payments? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Gifts or inheritances? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Any other sources of cash, money, or other form of compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

**This form is continued on the reverse side; you must complete the entire form.**

**REQUEST FOR WAIVER OF ADMINISTRATIVE HEARING FEE AND DECLARATION IN SUPPORT — Page 2 of 2**

Respondent's Name \_\_\_\_\_ ADLRO Case No. \_\_\_\_\_

3. Do you own any cash, or do you have money in a checking or savings account?

Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is "yes," state the total value.

\_\_\_\_\_

\_\_\_\_\_

4. Do you own any real estate, stocks, bonds, notes, certificates of deposit, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is "yes," describe the property and state its approximate or known value.

\_\_\_\_\_

\_\_\_\_\_

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much, if any, you contribute toward their support.

\_\_\_\_\_

\_\_\_\_\_

6. Attach a copy of the most recent State and Federal tax returns that you have filed.

**I declare (or certify, verify or state) under penalty of perjury that the above statements are true and correct. I understand a false statement of a material fact may serve as the basis for prosecution and conviction for perjury. By my signature below, I authorize the inquiry into and release of, any financial information to ADLRO for the purpose of verifying the information contained in my request.**

**Respondent's signature, release and acknowledgment:**

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ADLRO USE ONLY**

Request approved [ ]

Request denied [ ]

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_