



Administrative Driver’s License Revocation Office

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

WITHDRAWAL OF REQUEST FOR ADMINISTRATIVE HEARING

Name: _____ Case No.: _____

Last Four Digits of SSN: _____ Date: _____

1. I have read the *Administrative Revocation Process* sheet and I understand the purposes of a hearing concerning the administrative revocation of my license.
2. I previously requested a hearing of my case but I have changed my mind and I do not want a hearing. I withdraw my request for an administrative hearing.
3. I understand that the administrative revocation of my license will take effect for the period and under the conditions established by ADLRO in the *Notice of Administrative Review Decision*, subject to any extension(s) of Respondent’s temporary permit.
4. I understand that I am absolutely prohibited from operating a vehicle during the period of the administrative revocation of my license and privilege to operate a vehicle unless I have been issued an ignition interlock permit or an employee driver’s permit by the ADLRO.

Respondent’s Signature

Date

Signature of Parent or Legal Guardian If
Respondent Is a Minor

Date

Approved by Respondent’s Counsel*

Date

*Counsel acknowledges that counsel and Respondent have discussed the consequences of Respondent’s withdrawal of Respondent’s request for hearing. If Respondent is not present to sign this *Withdrawal of Request for Administrative Hearing*, counsel further acknowledges that Respondent agrees to the withdrawal of Respondent’s request for hearing and Respondent has authorized counsel to withdraw Respondent’s request for hearing.