

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MOTION TO REDUCE LICENSE SUSPENSION

On _____, I was found guilty of Driving While Intoxicated.

On _____, (within 14 days of my conviction) I submitted to an alcohol and drug screening or No screening was required because I was convicted of Aggravated DWI.

the screening did not require a further evaluation.

I completed a full substance use disorder evaluation within 30 days on _____

I successfully complied with the service plan recommended as a result of the above mentioned evaluation and attach a certificate of compliance/completion from an authorized impaired driver care **management** program.

On _____, I completed a Department of Health and Human Services approved Impaired Driver **Education** Program (IDEP) and I attach verification of my attendance.

I have paid all fees arising from the services provided by the Impaired Driver Care Management Program and its referrals for any service plan.

I request that the court reduce my license suspension to _____ months (no less than 3 months for DWI 1st and no less than 12 months for Aggravated DWI) and permit me to apply to the Department of Motor Vehicles for reinstatement of my license pursuant to RSA 265-A:18, I (a)(6)(A).

NOTE: Your license/operating privileges cannot be restored until you successfully complete all the IDCMP requirements within the required time frames.

On pain and penalty for perjury I certify that the above facts are accurate and a copy of this motion has been sent to the named prosecutor _____.

Date

Signature

Address

Printed Name

Town, State, Zip Code

Date of birth

Motion Granted.

Motion Denied _____

Date

Signature of Judge

Printed Name of Judge