

Notice of Appeal 90 Day Admin Licence Suspension

Motor Vehicle Appeal Board
1672 Granville Street
PO Box 186, Halifax, NS B3J 3Z8

phone: 902-424-4256
toll free: 1-855-424-4256

Clear Form

Instructions

Read the guide before completing this form. It will explain your responsibilities for participating in an appeal and how to prepare your case. If you have legal questions about the appeal, seek legal assistance. You must complete all sections of this form and attach supporting documentation. If the form is incomplete, your package will be returned to you. You will be required to provide the missing information and resubmit.

Pursuant to Section 285 of the Traffic Safety Act.

Applicant's Information

Name: _____ Date of Birth (dd/mm/yyyy): _____
First Middle Initial Last
Drivers Licence Master #: _____ Email: _____
Phone: Preferred _____ Other _____ Fax: _____

Residence Address - Couriered packages will be delivered to this address.

Street #: _____ Street Name: _____ Apt #: _____
City or Town: _____ Province: _____ Postal Code: _____

Mailing Address - Registered Mail will be sent to this address.

Complete this address if it is different than the residence address.

PO Box: _____ Street Name: _____
City or Town: _____ Province: _____ Postal Code: _____

Licence Suspension Details

Issuing Officers Name: _____
Agency: _____
Effective date of Licence Suspension (DD/MM/YYYY): _____

Hearing Request

I would like the hearing to be held via: ☐ Teleconference ☐ In Writing ☐ Video Conference

The time I will require to present my case: ☐ ½ hour ☐ 1 hour

Grounds For Appeal

Complete the grounds for the type. Drivers License Suspensions under Section 285 (choose one of the following):

- ☐ You dispute that you operated or had care and control of a vehicle when your blood alcohol concentration (BAC) exceeded 80mg%.
- ☐ You dispute that you failed or refused to comply with a demand made to supply a breath or blood sample.
- ☐ You dispute that you operated or had the care or control of a vehicle while impaired by alcohol, a drug or both.
- ☐ You dispute that you operated or had the care or control of a vehicle while the blood concentration for the drug exceeded the amount in the regulations.
- ☐ You dispute that you operated or had the care or control of a vehicle while your blood alcohol and drug concentration exceeded the amount in the regulations.

Facts Supporting the Appeal

Outline the reason(s) for the above appeal. (Use a separate page if needed.)

It is your responsibility to present enough information in your evidence to prove your case. List all evidence you are submitting and describe how it supports your application. This may include witnesses that will testify in person or provide sworn written statements, order of suspension, police reports, any certificate of an analyst or drug recognition evaluators report, a toxicology report, an expert witness report, medical reports, etc. Keep a copy of all documents submitted. We do not return documents.

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NOTE: only information related to the suspension you are appealing will be heard. The MVAB will not consider any information provided after the hearing is concluded.

Witness Information

Witness 1 Name: _____
First Middle Initial Last

Relevance of Witness: _____

Address: Street # _____ Street Name _____ Apt # _____

City or Town _____ Province _____ Postal Code _____

Phone: Preferred _____ Other _____ Fax: _____

Email: _____

Witness 2 Name: _____
First Middle Initial Last

Relevance of Witness: _____

Address: Street # _____ Street Name _____ Apt # _____

City or Town _____ Province _____ Postal Code _____

Phone: Preferred _____ Other _____ Fax: _____

Email: _____

Witness 3 Name: _____
First Middle Initial Last

Relevance of Witness: _____

Address: Street # _____ Street Name _____ Apt # _____

City or Town _____ Province _____ Postal Code _____

Phone: Preferred _____ Other _____ Fax: _____

Email: _____

If additional witnesses are needed complete the same information for each witness using a separate page.

Representation

- ☐ I will represent myself
- ☐ The following person will represent me.
- ☐ I authorize the Registrar to communicate with and disclose all relevant documents with my representative.
(Note: we cannot provide the package to representatives outside of Canada due to privacy considerations)

Lawyer/Agent Name: _____
Information First Middle Initial Last

Law Firm/Company Name: _____

Address: Street # _____ Street Name _____
Apt # _____ PO Box (if applicable) _____
City or Town _____ Province _____ Postal Code _____

Phone: Preferred _____ Other _____ **Fax:** _____

Email: _____

Documents To Be Included

Attach the following documents:

- Copy of the Order being appealed
- Witness Statements
- Other documents to be considered during the hearing
- Additional pages for grounds or witnesses if applicable
- Nonrefundable application fee
(Cheque or money order payable to **Minister of Finance** in the amount of \$150.00)
- All documents to be included are attached.

Acknowledgement and Privacy

The information collected in the form is necessary to process the appeal requested and will be shared back to the applicant or the representative if indicated above. Neither MVAB nor Registry of Motor Vehicles will make any information regarding your appeal available to the public.

Applicant Signature: _____ **Date:** _____