

# Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

## TRANSMITTAL OF RECORDS OF DWI PLEA PURSUANT TO ARTICLE 894

_____		
Court		
_____		
Address		
_____	_____	_____
City	State	Zip
_____		
Phone		
_____		
Date		

**OFFICE OF MOTOR VEHICLES  
IMPAIRED DRIVER WITHDRAWAL UNIT  
P.O. BOX 64886  
BATON ROUGE, LA 70896-4886**

NAME: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

OFFENSE DATE: \_\_\_\_\_ DOCKET NUMBER: \_\_\_\_\_

TICKET NUMBER: \_\_\_\_\_

Attached is a certified copy of the court minutes, original/certified copy of fingerprints and proof of the requirements as set forth in the Code of Criminal Procedure Article 556.1. Additionally, a \$50.00 money order or certified funds made payable to the Office of Motor Vehicles, in reference to the above named defendant is attached.

**NOTE: Do not use this form to submit records of a DWI expungement pursuant to Code of Criminal Procedure Article 984.**

**TO BE COMPLETED BY MV OFFICER ONLY**

Operator # \_\_\_\_\_ Money Order/CC #. \_\_\_\_\_ Date Processed \_\_\_\_\_ Date Rejected \_\_\_\_\_

DPSMV3012 (R0618)

**IMPAIRED DRIVER WITHDRAWAL UNIT  
P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886  
225-922-0166 | www.expresslane.org**