Louisiana Office of Motor Vehicles

Transmittal of Records for DWI Plea (DPSMV3012)

Pursuant to Article 894

Date: _____

Court: _____ Phone: _____

Address: _____

Office of Motor Vehicles
Impaired Driver Withdrawal Unit
P.O. Box 64886
Baton Rouge, LA 70896

Name: _____ Driver's License Number: _____
Date of Birth: _____ Social Security Number: _____
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 refere4nce 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 The Office of Motor Vehicles:

Operator: _____ Money Order/CC#: _____

Date Processed: _____ Date Rejected: _____