EX PARTE		§ §	IN THE	JUSTICE COURT
		§	PRECIN	CT 1
		§ § §	$M$ $\Lambda$ $T$ $\Lambda$ $C$	ODDA COUNTY TEVAC
Print your full name		8	MATAG	ORDA COUNTY, TEXAS
PETITIO	N FOR OCCUP	ATIONAL DE	RIVER'S LIC	ENSE
My name is:				
First		iddle	Last	
I am the Petitioner, and I am ask	ing the court for a	an Occupationa	l Driver's Lice	ise.
I understand that this license wil	ll <b>not</b> allow me to	drive a <b>comm</b> o	ercial vehicle	that requires a Commercia
Driver's License under Chapter 5				
I am <b>not</b> represented by an attor	nev in this reque	st for an Occup	ational Driver	's License. Lask the Court
to consider the information I have			211101	5 Erechiser rushr erre Gourt
1. PETITIONER'S PERSON Home Address:				
Stree	et Address	City		
			, Texas	
Cour	1tv			
	nty nt):	Zip		
Cour Mailing Address (if differer		Zip	City	
	nt):Street A	Zip	City	, Texas
Mailing Address (if differer	Street A	Zip	City	
Mailing Address (if differer	Street A	Zip	City	, Texas
Mailing Address (if differer	Street A	Zip Address Email Address:	City	
Mailing Address (if differer  Phone Number:  Date of Birth:	Street A County  ocial Security # as	Zip Address Email Address:	City	
Phone Number: Date of Birth: The last four digits of my So Jurisdiction: (Check all that a	County  ocial Security # arapply.)	Zip Address Email Address:	City Zip 	
Phone Number:  Date of Birth:  The last four digits of my So Jurisdiction: (Check all that a  I reside in this County  The incident for which	County  ocial Security # arapply.)	Zip Address Email Address:	City Zip 	
Phone Number:  Date of Birth:  The last four digits of my So Jurisdiction: (Check all that a  I reside in this County  The incident for which county.	Street A County  ocial Security # as apply.)  note the my license was	Zip Address Email Address: re suspended, can	City Zip	ked occurred in this
Phone Number:  Date of Birth:  The last four digits of my So Jurisdiction: (Check all that a last in this County)  The incident for which county.	Street A County  ocial Security # ar apply.)  nh my license was me of an offense t	Zip Address Email Address: re suspended, can	City Zip	ked occurred in this
Phone Number:  Date of Birth:  The last four digits of my So Jurisdiction: (Check all that a last in this County last in this County last in the incident for which county.  This Court convicted in suspension, cancellations.	County  ocial Security # anapply.)  h my license was me of an offense to the control of the cont	Zip Address Email Address: re suspended, can that, under Texa of my license. r revoked due t	City Zip  aceled, or revo as Law, resulto	ked occurred in this ed in an automatic rt, located in this county,

County

Other type of court

## 2. DRIVER'S LICENSE INFORMATION A. Check all that apply and fill in the blanks: ☐ I have never had a Texas Driver's License. ☐ My Texas Driver's License # is: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Month Day Year ☐ My non-Texas Driver's License was issued by the state of \_\_\_\_\_ ☐ My Driver's License number is \_\_\_\_\_ Expiration date: Month Day Year B. Check Yes or No for each: • My license is canceled, suspended, or revoked because of a physical or mental disability. • My license is canceled, suspended, or revoked for non-payment of child support. ☐ Yes ☐ No • DPS has determined that I am incapable of safely operating a motor vehicle. ☐ Yes ☐ No 3. PRIOR HISTORY C. My license is suspended, canceled, or revoked because: (Check all that apply and fill in the blanks.) ☐ I was arrested on \_\_\_\_\_ (arrest date) and an analysis of my breath sample or blood sample registered above 0.08. ☐ I was arrested on \_\_\_\_\_ (arrest date) and I refused to give a breath sample or blood sample, as requested. ☐ Substance-related loss of license in the past ten years: My license was suspended, canceled, or revoked within ten years prior to the date of the arrest that led to my current suspension, cancellation, or revocation. The previous suspension(s), cancellation(s), or revocation(s) were due to: (Check all that apply.) refusal to give a breath or blood sample following an arrest for DWI. giving a sample with a blood alcohol content greater than .08 following an arrest for DWI. conviction of an alcohol or drug-related offense. $\hfill\square$ This court convicted me of \_\_\_\_\_\_ on \_\_\_\_ under cause number \_\_\_\_\_. Month Day Year Cause Number ☐ A court in \_\_\_\_\_ (County) ordered the suspension, cancelation, or revocation without convicting me. ☐ A Texas court determined that I am a "habitual violator of traffic laws." ☐ A Texas court ordered me to go to a Driver Education Program, **and** my license, permit, and/or driving privilege is automatically suspended, canceled, or revoked for 365 days. Other: (If you did not check any of the above, why is your license suspended, canceled, or revoked? Be

ESS	ENTIAL NEED TO DRIVE	
	e law requires me to demonstrate to the judge that I have an essential no	-
	ver's License. I ask the Court to consider all of the following information	n as a demonstration
my	essential need:	
E. V	Vork or Essential Need	
	I need an Occupational Driver's License to drive to and from my place of	of work.
	Name of Employer #1:	
	Employer's Address:	
	Employer's Telephone:	
	Job title: Days and hours you work:	
	Days and nours you work:	
	Name of Employer #1:	
	Employer's Address:	
	Employer's Telephone:	
	Job title:	
	Days and hours you work:	
П	I am self-employed as	
_	My work address is:	
	Need for an Occupational Driver's License: (Explain)	
	I am in pursuit of employment. (Explain)	
	I need to go to and/or transport family members to school. (Fill out belo School #1 Name: Telephone: Address:	
	Other reasons for which I need to drive: (Explain)	
F. M	Iy work or essential needs require me to drive throughout the following ounties:(List counties where you drive.)	g county or

G. I request the following driving schedule: (Enter the times you need to drive.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	:	:	:	:	:	:	:
	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
То:	:	:	:	:_	:	:	:
	AM/PM	AM/PM	AM/PM	:	AM/PM	AM/PM	AM/PM

COURT FI	LE STAMP		
SWORN TO AND SUBSCRIBED before	me on this day of		, 20
Petitioner's Signature	Date		
Petitioner's Name (Print)			
6. PETITIONER'S REQUEST TO  I. I ask the Court to order the Te Driver's License to drive for th  J. I ask this Court to order the Te testsrequired for the issuance K. I ask the court to schedule a he	exas Department of Public Safone ne purposes described above. exas Department of Public Safon of said Occupational License.	fety to conduc	-
<ul><li>☐ (REQUIRED) Auto Insurance</li><li>☐ (REQUIRED) Court Order of S courts.</li></ul>	ct Driving Record (Type AR) - card and/or SR-22 Suspension – obtain with TXD drive – letter from employer	PS or suspens	sion issued by higher
	The 21 hour period.) This is	mecessary bee	
H. I ask the Court to allow me to cannot be more than 12 hours			