

PETITION FOR RESTORATION OF DRIVING PRIVILEGE – Case No.
THIRD OFFENSE COMMONWEALTH OF VIRGINIA

HEARING DATE AND TIME

.....

..... Circuit Court
 CITY OR COUNTY

.....
 PETITIONER'S NAME

.....
 ADDRESS

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			

SSN: _____

TO THE JUDGE OF THE ABOVE-NAMED COURT:

I respectfully represent that on, my driver's license was revoked by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2-391 (B), based on the following convictions:

OFFENSE	OFFENSE DATE	CONVICTION DATE	CONVICING COURT
.....
.....
.....

I have attached a certified transcript of my driving record from the Department of Motor Vehicles.

CHECK ONE BOX AS THE BASIS OF YOUR PETITION:

A. Restoration under Va. Code § 46.2-391(C)(1). (Eligible only after five (5) years from the date of the last conviction.) My license was revoked based on and dependent upon three convictions pursuant to Va. Code § 18.2-266, § 18.2-51.4 or Subsection A of § 46.2-341.24 or valid local ordinance or law of another state or jurisdiction relating to operating a motor vehicle under the influence of intoxicants or drugs.

I represent that:

- (i) At the time of my convictions, I was addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (ii) At this time, I am no longer addicted to or psychologically dependent on the use of alcohol or other drugs; and
- (iii) At least five years have passed from the date of the last conviction upon which the revocation of my license was based; and
- (iv) I do not constitute a threat to the safety and welfare of myself or others with respect to the operation of a motor vehicle.

I request that the Court restore my privilege to operate a motor vehicle in the Commonwealth upon my evaluation by the Virginia Alcohol Safety Action Program.

