

**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	MO.	BORN DAY	YR.	FT.	HT. IN.	WGT.	EYES	HAIR

SSN

VA. D.L. 4 (IF DIFFERENT FROM 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 my driver's license was revoked by the Department of Motor Vehicles, pursuant to Virginia Code § 46.2-391 (B), based on the following convictions: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 My license was revoked based on and dependent upon three convictions pursuant to Va.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, § 18.2-5 1.4 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.

B. Restricted License under Va. Code § 46.2-391(C)(2). (Eligible only after three (3) years from the date of your 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My license was revoked based on and dependent upon three convictions pursuant to Va.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 three years have passed from the date of the last conviction upon which the revocation of my license is 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 order the issuance of a restricted license to allow me to for the following purposes, upon evaluation by the Virginia Alcohol Safety Action Program.

Travel to/from work	Travel to/from VASAP	Travel during work
Travel to/from school	Medically necessary travel	Ignition interlock
Travel to/from day care for child	Travel to/from school for child	

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NAME AND ADDRESS OF EMPLOYER

DAYS AND HOURS WORKED

I request that the court hold a hearing on my petition.

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DATE

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PETITIONER'S SIGNATURE