

PETITION FOR AUTHORIZATION FOR RESTRICTED DRIVER'S LICENSE – FAILURE TO PAY FINES AND COSTS

Commonwealth of Virginia VA. CODE §§ 46.2-395(E), 18.2-271.1

Case No.

Hearing Date:

General District Court Circuit Court
 Juvenile and Domestic Relations District Court

.....
CITY OR COUNTY

.....
PETITIONER

.....
DRIVER'S LICENSE NUMBER

.....
STATE

.....
ADDRESS

.....
DATE OF BIRTH

.....
CITY/STATE

.....
ZIP CODE

To the above-named court:

I,, the undersigned, respectfully request this Court to authorize the

.....
PRINT NAME

Department of Motor Vehicles to issue to me a restricted driver's license, for good cause shown, and further state the following:

My privilege to drive a motor vehicle on the highways of the Commonwealth was suspended by this Court for failure to pay, either in full or in accordance with a deferred or installment payment agreement, fines, costs, forfeiture, restitution and/or penalty as assessed against me by this Court, pursuant to Virginia Code § 46.2-395, in connection with the following cases:

CASE NUMBER	OFFENSE	OFFENSE DATE	CONVICTION DATE
.....
.....
.....
.....

Additional sheet attached

I have additional license suspensions in other Virginia courts for the failure to pay, either in full or in accordance with a deferred or installment plan, fines, costs, forfeiture, restitution and/or penalty assessed against me by the respective court(s). Copies of the petitions seeking relief for those suspensions are attached.

Written verification of my employment is attached.

Upon knowledge and belief, I am otherwise eligible for a restricted license.

I request the Court to authorize the Department of Motor Vehicles to issue to me a restricted driver's license for the following purpose(s):

- (a) travel to or from my place of employment as described below.
- (b) travel to and from an alcohol rehabilitation or safety action program.
- (c) travel during my hours of employment, because the operation of a motor vehicle is necessary to my employment described below.

.....
EMPLOYER NAME AND WORK LOCATION

.....
HOURS FOR TRAVEL TO AND FROM WORK

.....
HOURS OF EMPLOYMENT

(d) travel to and from school. (I understand that I must provide proper written verification to the court that I am enrolled in a continuing program of education.)

.....
SCHOOL NAME AND LOCATION

.....
REQUESTED DATES AND TIMES FOR TRAVEL TO AND FROM SCHOOL

(e) medically necessary travel for me elderly parent person residing in my household. (I understand that I must provide written verification from a licensed health professional of the need for such travel for an elderly parent or household member.)

.....
NAME AND LOCATION OF PROVIDER OF MEDICAL SERVICES

(g 1-3) travel necessary to transport a minor child or children under my care

(1) to and from school (2) to and from day care

(3) to and from facilities housing medical service provider.

.....
NAME AND LOCATION OF SCHOOL/DAY CARE/MEDICAL SERVICE PROVIDER

(h) [] travel to and from court ordered visitation with my child or children.

.....
NAME(S) AND LOCATION OF CHILD OR CHILDREN

(i-1) [] travel to and from appointments with my probation officer.

.....
NAME AND LOCATION OF PROBATION ENTITY

(i-2) [] travel to and from programs required by court or as a condition of probation.

.....
PROGRAM NAME AND LOCATION

(j) [] travel to and from a place of religious worship.

.....
NAME AND LOCATION OF PLACE OF RELIGIOUS WORSHIP

.....
REQUESTED DAY (ONE DAY PER WEEK) AND TIME FOR TRAVEL TO AND FROM PLACE OF RELIGIOUS WORSHIP

(k) [] travel to and from appointments approved by the Division of Child Support Enforcement of the Department of Social Services as a requirement of participation in a court-ordered intensive case monitoring program for child support for which I will have with me written proof of the appointment, including written proof of the date and time of the appointment.

(m) [] travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.

I understand that the court may decide not to authorize the Department of Motor Vehicles to issue to me a restricted driver's license.

If this court does authorize the Department of Motor Vehicles to issue to me a restricted driver's license, I understand that I may not drive unless all courts that suspended my driver's license for failure to pay, either in full or in accordance with a deferred or installment payment agreement, fines, costs, forfeiture, restitution and/or penalty as assessed against me by a court for violation of the laws of the Commonwealth or of a valid local ordinance have authorized a restricted driver's license and until receipt of such a restricted license from the Department of Motor Vehicles.

I understand that a restricted driver's license will not permit me to operate a commercial motor vehicle.

I understand that a restricted driver's license will not authorize visitation of my child or children if visitation is otherwise prohibited.

.....
DATE

.....
PETITIONER'S SIGNATURE