APPLICATION FOR RESTRICTED DRIVER'S LICENSE Case No		
	[] General District Court [] Circuit Court	
CITY/COUNTY		
DEFENDANT DRIVER'S LICENSE NUMBER	STATE	
ADDRESS DATE OF BIRTH		
CITY STATE ZIP DATE OF OFFENSE		
TELEPHONE NUMBER		
My driver's license has been suspended or denied for an offense which makes me eligible for a restricted driver's license; therefore, I request that the court grant a restricted driver's license for travel to and from the following locations for the following purpose(s):	(Court use only) APPROVED	
(a) [] Travel to and from primary job Name and Location of Employer:		
Days of Week:	[] YES [] NO	
Leave Home: Arrive at Work:		
Leave Work: Arrive at Home:		
[] Travel to and from secondary job Name and Location of Employer:		
	[] YES [] NO	
Days of Week:	[] ILS [] NO	
Leave Home: Arrive at Work:		
(b) Travel to and from VASAP	[] YES [] NO	
(c) [] Travel during work hours only as required by my employer:		
Hours of required travel:	[] YES [] NO	
Written verification must be carried	[] YES [] NO	
(d) [] Travel to and from school		
Name and Location of school: Days of Week:	[] YES [] NO	
Leave Home: Arrive at School:	[] ILS [] NO	
Leave School: Arrive at Home:		
(e) [] Medically necessary travel for: [] me [] my elderly parent		
[] a person residing in my household	[] YES [] NO	
If for elderly parent or another person: Medical provider name:		
Docution.	[] YES [] NO	
(f-1) Ignition Interlock on any motor vehicle that you operate, if required.	[] and on <u>each</u> motor vehicle owned by or registered to person	
(f-2) [] Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.	[] YES [] NO	
(g-1) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/her/their school. Name and Location of School:		
Dates and Times:	[] YES [] NO	
(g-2) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from day care Name and Location of Day Care Provider:	[] YES [] NO	
Dates and Times:		
(g-3) [] Necessary travel to transport a minor child(ren), who is/are under my care, to and from medical providers Name and Location of Medical Provider:	[] YES [] NO	
Dates and Times:		

NOTE: This is page one of a two-page form.

Name	
CONTINUED FROM PAGE 1	
(h) [] Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): Days and Times of Visitation:	[]YES []NO
(i-1) [] Travel to and from appointments with probation officer Name and Location of Probation entity	[]YES []NO
(i-2) [] Travel to and from programs required by court or as a condition of probation Program Name and Location: Program Name and Location:	[]YES []NO
(j) [] Travel to and from a place of religious worship Name and Location of place of religious worship: Day of Week (one day per week): Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home:	[]YES []NO
(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 an administrative or 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.	[]YES []NO
(m) [] Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.	[]YES []NO
(n) [] Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.	[]YES []NO
(q) [] Travel to and from the offices of the Virginia Employment Commission for the purpose of seeking employment.	[]YES []NO
[] I was convicted of a first offense under § 18.2-266 or a substantially similar ordinance of any county, city or town with a blood alcohol content less than .15 and was an adult at the time of the offense. I request that the only condition of my restricted driver's license be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law.	[]YES []NO
[] I was convicted of reckless driving and ordered to enter into and successfully complete an alcohol safety action program. I request that the only condition of my restricted driver's license be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law.	[]YES []NO
[] I am requesting to operate a motor vehicle for any purpose, with the conditions that (1) I only operate a motor vehicle that is equipped with a functioning, certified ignition interlock system; (2) I use a remote alcohol monitoring device; and (3) I refrain from alcohol consumption.	[]YES []NO
I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for that I have no other pending charges against me that have not been divulged to the court. I understand that a Rest permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that she outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspende and new criminal charges may be brought against me.	ricted Driver's Licentual I be found driving
DATE DEFENDANT'S SIGNATURE	
Reviewed and Approved as indicated:	
DATE	

NOTE: This is page two of a two-page form