

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
2. Prepared by petitioner. Clerk inserts case number and hearing date, Data Element Nos. 1 and 2.
3. Attachments –
  - a. Copies of any petitions filed in other Virginia courts seeking relief from additional license suspensions for failure to pay fines, costs, forfeiture, restitution and/or penalty.
4. Preparation details
  - a. This form may be used by an individual who would like to request a restricted driver's license and whose license to drive a motor vehicle in Virginia was suspended by a court for failure to pay fines, costs, forfeiture, restitution and/or penalty assessed by that particular court.
  - b. The petitioner may not ask for the privilege to drive to and from visitation with his/her children if such visitation is otherwise prohibited.

**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. **1**

Hearing Date: **2**

General District Court  Circuit Court  
 Juvenile and Domestic Relations District Court

**3**

CITY OR COUNTY

**4**

PETITIONER

DRIVER'S LICENSE NUMBER

**5**

STATE

**6**

ADDRESS

**7**

DATE OF BIRTH

CITY/STATE

ZIP CODE

To the above-named court:

I, **8**, 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:

**9**

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

**10** ] Additional sheet attached

**11**  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). **12**  Copies of the petitions seeking relief for those suspensions are attached, if such petitions have been filed.

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):

**13** (a)  travel to or from my place of employment as described below.

**14** (b)  travel to and from an alcohol rehabilitation or safety action program.

**15** (c)  travel during my hours of employment, because the operation of a motor vehicle is necessary to my employment described below.

**16**

EMPLOYER NAME AND WORK LOCATION

**17**

HOURS FOR TRAVEL TO AND FROM WORK

**18**

HOURS OF EMPLOYMENT

**19**(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.)

**19**

SCHOOL NAME AND LOCATION

REQUESTED DATES AND TIMES FOR TRAVEL TO AND FROM SCHOOL

**20**(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.)

**20**

NAME AND LOCATION OF PROVIDER OF MEDICAL SERVICES

**21**(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.

**21**

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

**Data Elements, *front***

1. Court case number.
2. Hearing date and time.
3. Court name. Check applicable type of court.
4. Name of individual requesting a restricted license.
5. Petitioner's driver's license number and issuing state.
6. Petitioner's address.
7. Petitioner's date of birth.
8. Petitioner's name.
9. List the case number, offense, offense date and conviction date for each relevant conviction in the court indicated in Data Element No. 3 for which the privilege to drive in Virginia was suspended for failure to pay fines, costs, forfeiture, restitution and/or penalty in connection with those convictions.
10. Check this box if additional such convictions are listed on an attached sheet.
11. Check this box if petitioner has additional license suspensions in other Virginia courts for failure to pay fines, costs, forfeiture, restitution and/or penalty.
12. Check this box if petitions have been filed in other Virginia courts seeking relief from those suspensions, and attach copies of those petitions.
13. Check if restricted license sought to travel to and from petitioner's employment.
14. Check if restricted license sought for travel to and from Alcohol Rehabilitation Program.
15. Check if restricted license sought to drive during petitioner's hours of employment.
16. Name of petitioner's employer and work location.
17. Hours of travel to and from work location.
18. Petitioner's hours of employment if travel during work hours is requested.
19. Check if travel to and from school is requested. Fill in name of school, location, and dates and time of travel if applicable.
20. Check if requesting medically necessary travel for petitioner, petitioner's elderly parent or person residing in the household of petitioner. One or more of the boxes must be checked to indicate if the medically necessary travel is for the petitioner or his or her elderly parent or household member. Fill in name and location of provider of medical services if applicable.
21. Check if requesting travel necessary to transport a child under the petitioner's care to and from school, to and from day care or to and from a medical service provider. If requesting such check the appropriate destination and fill in the name and location.

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

**1**

NAME AND LOCATION OF CHILD OR CHILDREN

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

**2**

NAME AND LOCATION OF PROBATION ENTITY

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

**3**

PROGRAM NAME AND LOCATION

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

**4**

NAME AND LOCATION OF PLACE OF RELIGIOUS

**4**

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

**5** (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 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.

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

**7**

DATE

**8**

PETITIONER'S SIGNATURE

**Data Elements, *reverse***

1. Check if requesting travel to and from court-ordered visitation with children. Fill in the names and locations of children to be visited.
2. Check if requesting travel to and from appointments with a probation officer.
3. Check if requesting travel to and from programs required by the court as a condition of probation.
4. Check if requesting travel to and from place of religious worship. Fill in name, location, and requested day (one day per week) and time of travel to and from place of religious worship.
5. Check if requesting 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 monitoring program for child support.
6. Check if requesting travel to and from jail to serve a jail sentence that is to be served on weekends or nonconsecutive days.
7. Date form signed by petitioner.
8. Signature of petitioner.