

APPLICATION FOR RESTRICTED DRIVER'S LICENSE

Commonwealth of Virginia

Case No. _____

- General District Court
 Juvenile & Domestic Relations District 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

<p>(a) <input type="checkbox"/> Travel to and from primary job Name and Location of Employer: _____ _____ Days of Week: _____ Leave Home: _____ Arrive at Work: _____ Leave Work: _____ Arrive at Home: _____</p>	<p>[] YES [] NO</p>
<p><input type="checkbox"/> Travel to and from secondary job Name and Location of Employer: _____ _____ Days of Week: _____ Leave Home: _____ Arrive at Work: _____ Leave Work: _____ Arrive at Home: _____</p>	<p>[] YES [] NO</p>
<p>(b) <input type="checkbox"/> Travel to and from VASAP</p>	<p>[] YES [] NO</p>
<p>(c) <input type="checkbox"/> Travel during work hours only as required by my employer: Hours of required travel: _____</p>	<p>[] YES [] NO</p>
<p>Written verification must be carried</p>	<p>[] YES [] NO</p>
<p>(d) <input type="checkbox"/> Travel to and from school Name and Location of school: _____ Days of Week: _____ Leave Home: _____ Arrive at School: _____ Leave School: _____ Arrive at Home: _____</p>	<p>[] YES [] NO</p>
<p>(e) <input type="checkbox"/> Medically necessary travel for: <input type="checkbox"/> me <input type="checkbox"/> my elderly parent <input type="checkbox"/> a person residing in my household _____ If for elderly parent or another person: Medical provider name: _____ Location: _____</p>	<p>[] YES [] NO</p>
<p>(f-1) Ignition Interlock on any motor vehicle that you operate, if required.</p>	<p>[] YES [] NO [] and on <u>each</u> motor vehicle owned by or registered to person</p>
<p>(f-2) <input type="checkbox"/> Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.</p>	<p>[] YES [] NO</p>
<p>(g-1) <input type="checkbox"/> 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: _____</p>	<p>[] YES [] NO</p>
<p>(g-2) <input type="checkbox"/> 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: _____ Dates and Times: _____</p>	<p>[] YES [] NO</p>
<p>(g-3) <input type="checkbox"/> 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: _____ Dates and Times: _____</p>	<p>[] YES [] NO</p>

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

Name _____

Case No. _____

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(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): _____ Location of Child(ren): _____ Days and Times of Visitation: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-1) <input type="checkbox"/> Travel to and from appointments with probation officer Name and Location of Probation entity _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-2) <input type="checkbox"/> Travel to and from programs required by court or as a condition of probation Program Name and Location: _____ Program Name and Location: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(j) <input type="checkbox"/> 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: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(k) <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(m) <input type="checkbox"/> Travel to and from jail to serve a jail sentence that is to be served on weekends or on nonconsecutive days.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the above information is true and accurate, that my driving privileges are not revoked or suspended for any other reason, and that I have no other pending charges against me that have not been divulged to the court. I understand that a Restricted Driver's License permits me to operate a motor vehicle under the conditions approved by the Court. I further understand that should I be found driving outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of previously suspended sentences in this case and new criminal charges may be brought against me.

DATE

DEFENDANT'S SIGNATURE

Reviewed and Approved as indicated:

DATE

JUDGE

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