

**PETITION FOR RESTRICTED DRIVER'S LICENSE –  
FAILURE TO PAY CHILD SUPPORT**

Commonwealth of Virginia VA. CODE §§ 46.2-320.1, 18.2-271.1

Case No. \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
PETITIONER  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY/STATE ZIP

Juvenile and Domestic Relations District Court  
\_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE  
\_\_\_\_\_  
DATE OF BIRTH

To the Judge of the above-named court:

I have received from the Department of Social Services notice of intent to suspend or to refuse to renew my driver's license for failure to pay child support or failure to comply with process relating to a paternity or child support proceedings. Accordingly, I respectfully request that the court issue a restricted driver's license, for good cause shown, for the following purposes:

- travel to or from my place of employment.
- travel to and from VASAP.
- 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

- 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

- 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 PROVIDER OF MEDICAL SERVICES

- travel necessary to transport a minor child under my care  to and from school  to and from day care and/or  to and from facilities housing medical service provider.

\_\_\_\_\_  
NAME AND LOCATION OF SCHOOL/DAY CARE/MEDICAL SERVICES PROVIDER

- travel to and from court-ordered visitation with my child or children.

\_\_\_\_\_  
NAME(S) AND LOCATION OF CHILD OR CHILDREN

- travel to and from appointments with my probation officer.

\_\_\_\_\_  
NAME AND LOCATION OF PROBATION ENTITY

- travel to and from programs required by court or as conditions of probation.

\_\_\_\_\_  
PROGRAM NAME AND LOCATION

- travel to and from a place of religious place of 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

- 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 which I will have proof of the appointment, including written proof of the date and time of the appointment.

- 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 issue a restricted driver's license. 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