

After September 1, 2013 District Courts, County Courts and **Justice Courts** will have concurrent jurisdiction for all ODL's except –

- Physical or mental disability / impairment
- A conviction under Section 49.04 of the Penal Code (DWI)

*Filing fees in the Justice of the Peace Courts are sustainably less than the filing fees in the County Court.*

- You must file in the proper precinct if in JP Court - *Where the Petitioner Resides or where the Offense Occurred*

- **In order to get an occupational license you must be current on your surcharges / installment agreements with the state.**
- **Please bring proof that you are current on your surcharges / installment agreements to the hearing.**

**Get information about your surcharges and pay surcharges at:**

**<http://www.txdps.state.tx.us>**

## CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

STYLED \_\_\_\_\_

(e.g. John Smith v. All American Insurance Co. In re Mary Ann Jones. In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

<b>1. Contact information for person completing case information sheet:</b> Name: _____ Email: _____ Address: _____ Telephone: _____ City/State/Zip: _____ Fax: _____ Signature: _____ State Bar No: _____		<b>Names of parties in case:</b> Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ [Attach additional page as necessary to list all parties]	<b>Person or entity completing sheet is:</b> <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____	
<b>2. Indicate case type, or identify the most important issue in the case (select only 1):</b>				
<b>Civil</b>		<b>Family Law</b>		
<b>Contract</b> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<b>Injury or Damage</b> <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<b>Real Property</b> <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ <b>Related to Criminal Matters</b> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<b>Marriage Relationship</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children <b>Other Family Law</b> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<b>Post-judgment Actions (non-Title IV-D)</b> <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other <b>Title IV-D</b> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order <b>Parent-Child Relationship</b> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
<b>Employment</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<b>Other Civil</b> <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____			
<b>Tax</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<b>Probate &amp; Mental Health</b> Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			
<b>3. Indicate procedure or remedy, if applicable (may select more than 1):</b>				
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover		
<b>4. Indicate damages sought (do not select if it is a family law case):</b>				
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000				

Cause No. \_\_\_\_\_

\_\_\_\_\_  
v.                               §            COUNTY COURT  
The State of Texas           §            AT LAW NO. 2  
                                      §            DENTON COUNTY, TEXAS

**PETITIONER'S AFFIDAVIT AND ACKNOWLEDGMENT**

**Please initial each of the following acknowledgments:**

\_\_\_\_\_ I, \_\_\_\_\_, Petitioner, have read and discussed the foregoing Standing Order with my attorney. I fully understand each and every requirement of this Order and hereby attest that I will abide by this Order.

\_\_\_\_\_ I understand that I must not operate any motor vehicle unless it has a court-approved, camera-equipped ignition interlock device, properly installed and maintained in my vehicle.

\_\_\_\_\_ I understand that when I am unable to use my vehicle equipped with an ignition interlock device I must use alternate means of transportation such as taxis, buses, and rides from friends and family. There are no exceptions to this rule.

\_\_\_\_\_ I understand that when my vehicle is in a repair shop I must notify my ignition interlock vendor and the court immediately of the location of my vehicle. When my car is returned to me, I must provide written documentation to verify repair.

\_\_\_\_\_ I understand that my employer's company-owned vehicles are exempt from the ignition interlock requirement only if I use the vehicle in the normal course and scope of my employment, and only with the court's prior written approval.

\_\_\_\_\_ I understand that I must not use any alcohol or drugs whatsoever prior to operating a motor vehicle. I must not use products containing alcohol, such as mouthwash and medicines containing alcohol such as cough syrup prior to the operation of my vehicle. Even a small amount of alcohol detected by the ignition interlock device may cause revocation of my occupational driver's license.

\_\_\_\_\_ I understand that I must follow all regulations of my ignition interlock vendor regarding the care, maintenance and periodic calibration my ignition interlock device.

\_\_\_\_\_ I understand that I must never attempt to disable or tamper with my ignition interlock device.

\_\_\_\_\_ I further understand that I must behave in a courteous and respectful manner at all times with my ignition interlock vendor and all court personnel.

\_\_\_\_\_ I further understand that if I fail to abide by the above specified court orders that in addition to revocation of my restricted driver's license, I may additionally be subject to further prosecution for contempt of court.

\_\_\_\_\_  
**Petitioner**

I have consulted with the petitioner and fully explained all of the matters contained in this instrument and the preceding Standing Order.

\_\_\_\_\_  
**Petitioner's Attorney**

Cause No. \_\_\_\_\_

_____	§	In the County Court
Vs.	§	At Law #2
The State of Texas	§	Denton County, Texas

**Petition for Occupational Driver's License**

I.

Comes now, \_\_\_\_\_, petitioner, and files this verified petition for occupational license, to meet actual and essential needs.

II.

Petitioner's residence is \_\_\_\_\_.  
His/hers date of birth is \_\_\_\_\_, and his/her driver's license number is \_\_\_\_\_, issued in the state of \_\_\_\_\_.

III.

Petitioner's driver's license was suspended on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for a period of \_\_\_\_\_ days, for the offense of \_\_\_\_\_.

IV.

Petitioner is presently employed by \_\_\_\_\_ in the city of \_\_\_\_\_, county of \_\_\_\_\_, TX. Petitioner states that he/she has an actual and essential need to operate a motor vehicle, for transportation to and from work/educational facility, and in the performance of essential household duties.

Petitioner's normal working/school schedule is as follows:

County(s)	Days	Hours
_____	_____	_____

V.

Petitioner is willing to comply with all laws and orders relating to the use of an Occupational License. Wherefore, premises considered, the Petitioner respectfully prays that after notice and hearing this Petition be granted, and the Court enters its Order that an essential need exists for the Petitioner to operate a motor vehicle and that the Texas Department of Public Safety issues Petitioner an Occupational License.

\_\_\_\_\_  
(Petitioner Signature)

\_\_\_\_\_  
(Petitioner Contact Phone Number)

**ACKNOWLEDGEMENT**

**STATE OF TEXAS  
COUNTY OF DENTON**

Before me, the undersigned authority, on this day personally appeared,  
\_\_\_\_\_, who is being by me, duly sworn,  
upon oath states:

My name is \_\_\_\_\_, and I am the  
Petitioner in the above Petition for Occupational Driver's License. I have read the above Petition  
and each and every fact state therein is true.

\_\_\_\_\_  
Petitioner

SWORN and SUBSCRIBED before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

## INSTRUCTIONS - Occupational License

Upon receipt of a Court Order Granting an Occupational License the following instructions are provided to comply with §521.249 of the Transportation Code.

The court order is not the occupational license. It is the order granting the occupational license. The court order and all other required items must be submitted to the Department for issuance of an occupational license. The court order may be used as a license for thirty (30) days from the date of the judge's signature while DPS processes the occupational license request.

### Requirements

You must mail the following items to:

**Texas Department of Public Safety**  
Central Cash Receiving  
P.O. Box 15999  
Austin TX 78761-5999

Obtain a certified copy of the court order granting the occupational license. The first certified copy of the order is included in the filing fee. Any additional certified copies are \$5.00 each. Send the certified order along with a check or money order for the issuance of the occupational license (\$10.00 for the first year and \$20.00 for the second year) with the required reinstatement fees as listed below, and an original Form SR-22 certificate of insurance. This is the only proof of insurance acceptable.

All required reinstatement fees:

<b>Alcohol Related Suspensions</b>		
• Blood Breath Test Refusal or Failure	<b>\$125.00</b>	Offense date prior to 9/01/01 fee \$100
• Driving While Intoxicated	<b>\$100.00</b>	Suspension date prior to 9/01/99 fee \$50.00
<b>Drug Offenses</b>		
	<b>\$100.00</b>	Suspension date prior to 9/01/99 fee is \$50.00
<b>Traffic Violations</b>		
	<b>\$100.00</b>	Suspension date prior to 9/01/99 fee is \$50.00
• Driving While License Invalid (DWLI)		
• Habitual Violator		
• Violation of Driver License Restriction		
• Non Resident Violator Compact (NRVC )		
<b>SR Suspension</b>	<b>\$100.00</b>	Suspension date prior to 9/01/99 fee is \$50.00
<b>Medical Revocation (MAB)</b>	<b>\$100.00</b>	Suspension date prior to 9/01/99 fee is \$50.00