

Cause Number _____

IN THE JUSTICE COURT

EX PARTE

PRECINCT 6

DENTON COUNTY, TEXAS

(Name of Petitioner)

Petition for Occupational Driver's License

Section 1. General Information

Name:	DOB:
Address:	DL #:
City: _____ St: _____ Zip: _____	Phone: _____
Mailing Address: <i>(if different)</i>	

- I am employed by: _____
- Occupation: _____
- I am the primary caretaker of _____ children less than 16 years of age.
- I **have** or **have not** (*circle one*) been ordered by a magistrate to install an ignition interlock device on my vehicle, and or not to operate any vehicle which is not equipped with an ignition interlock device.
- I **have** or **do not have** (*circle one*) a commercial driver's license

Section 2. Reason(s) for Driver's License Suspension

Check all that apply

- My driver's license was revoked as the result of a physical or mental disability.
- My driver's license has been suspended as the result of a conviction for Racing on a Highway.
- My driver's license has been suspended as the result of an arrest for an intoxication-related offense in _____ County, because:
 - A peace officer requested a sample of my breath or blood and I refused; or
 - I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.
- My driver's license has been automatically suspended as a result of a conviction for Driving While Intoxicated (DWI) in a county or district court.
- My driver's license has been suspended:
 - As the result of a conviction for a criminal offense in justice or municipal court.
Offense: _____ Case number: _____ Court: _____
 - A court found I am a "habitual violator."
 - A court ordered me to attend a Driver Education Program and suspend my license for 365 days.
 - I owe surcharges
 - Other: _____

Section 3. Essential Need

Check all that apply

I am seeking an occupational license in order to

- Travel to and from work;
- Perform the duties of my job;

- Travel to and from school
- Perform essential household duties (grocery shopping, attend church, go to a doctor, etc.)

List places that it is necessary for you to travel: (example, you work in Dallas, your kids attend private school in Plano, you take a parent to medical treatment in Fort Worth, you travel the metroplex as a sales rep.)

Check and list days and times it is essential for you to travel:

- | | |
|---------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Monday: from _____ to _____ | Tuesday: from _____ to _____ |
| <input type="checkbox"/> Wednesday: from _____ to _____ | Thursday: from _____ to _____ |
| <input type="checkbox"/> Friday: from _____ to _____ | Saturday: from _____ to _____ |
| <input type="checkbox"/> Sunday : from _____ to _____ | |

Section 4. Suspension History

Check all that apply

- My License has never been suspended before.
- My driver’s license has previously been suspended for:
 - A second or subsequent conviction or DWI (section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code), committed within five years of a previous conviction for DWI; Intoxication Assault; or Intoxication Manslaughter.

In the past 5 years my license has been suspended for:

- A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
- An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle or watercraft while intoxicated.
- A conviction for DWI; Intoxication Assault, Intoxication Manslaughter.
- A conviction of an offense other than DWI; Intoxication Assault, Intoxication Manslaughter prohibiting the operation of a motor vehicle or watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.

Section 5. Additional Documentation

Check all that apply

- I have attached evidence of SR 22 insurance
- A certified abstract of my driving record (Type AR)
- The court order of any suspension or terms of probation (If applicable)
- Other documents: _____

PRAYER

WHEREFORE, PREMISES CONSIDERED, Petitioner prays that this Honorable Court grant this Petition for Occupational License, and to send a copy of its order granting petitioner’s occupational license to the Department of Public Safety of Texas.

(Petitioner’s Signature)

SWORN to and SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20 ____.

(Notary Public or Clerk of the Court)