

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(a) Travel to and from primary job

Name and Location of Employer:

Days of Week:

Leave Home:

Arrive at Work:

Leave Work:

Arrive at Home:

 YES NO Travel to and from secondary job

Name and Location of Employer:

Days of Week:

Leave Home:

Arrive at Work:

Leave Work:

Arrive at Home:

 YES NO(b) Travel to and from VASAP YES NO(c) Travel during work hours **only as required by my employer:**

Hours of required travel:

 YES NO**Written verification must be carried** YES NO(d) Travel to and from school

Name and Location of school:

Days of Week:

Leave Home:

Arrive at School:

Leave School:

Arrive at Home:

 YES NO(e) Medically necessary travel for: me my elderly parent a person residing in my household

If for elderly parent or another person: Medical provider name:

Location:

 YES NO

(f-1) Ignition Interlock on any motor vehicle that you operate, if required.

 YES NO
 and on each
motor vehicle
owned by or
registered to person(f-2) Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered. YES NO(g-1) 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:

 YES NO(g-2) 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:

 YES NO(g-3) 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:

 YES NO**NOTE: This is page one of a two-page form.**

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<p>(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): Days and Times of Visitation:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(i-1) <input type="checkbox"/> Travel to and from appointments with probation officer Name and Location of Probation entity</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(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:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(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:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(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 an administrative or 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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(n) <input type="checkbox"/> Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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