

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Ex Parte

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The clerk fills out below

Cause No:

Print your name

District County Justice Court of:

County, Texas

First

Middle

Last

Petition for Occupational Driver's License

Print your answers:

I swear under oath that the information I provide in this Petition is true and correct.

My name is: _____
First Middle Last

I am the Petitioner, and I am asking the court for an Occupational Driver's License.

I ask the Court to consider the information I have provided below.

Upon approval of this Petition, I ask the Clerk to send a certified copy of the Petition and the court Order setting out the judge's findings and restrictions to the Texas Department of Public Safety.

I. Petitioner's Personal Information

1. Home address: _____
Street address City
_____, Texas
County

2. Mailing address (if different from above): _____

3. Phone number: (____) _____

4. Email address: _____

5. Date of birth: _____
Month Day Year

6. The last three digits of my Social Security Number are _____

Or

I do not have a Social Security Number.

II. Driver's License Information

5. Check all that apply and provide requested information:

- I have never held a Texas Driver's License.
- My Texas Driver's License # is: _____. It expired on (date) ____ / ____ / ____.
- My Driver's License was issued by the state of _____.
My Driver's License number is _____. It expired on (date) ____ / ____ / ____.

6. Was your license suspended because of a physical or mental disability? Yes No
- Was your license suspended for non-payment of child support? Yes No
- Have you had 2 or more occupational driver's licenses in the last 10 years? Yes No

III. Notice to the State

7. If any of the following are applicable, the Clerk of the Court should serve the State with notice of this Petition as required by the Texas Transportation Code section 521.243(a).

(Check all that apply and fill in the blanks.)

A. My license was suspended under Transportation Code section 521.342? (Conviction of various offenses of an individual under the age of 21)

Yes No

Date of conviction

Court of conviction

B. I was convicted under:

a. Penal Code section 49.04 (Driving While Intoxicated)

Date of conviction

Court of conviction

b. Penal Code section 19.05 (Criminally Negligent Homicide)

Date of conviction

Court of conviction

c. Penal Code section 49.07 (Intoxication Assault)

Date of conviction

Court of conviction

d. Penal Code section 49.08 (Intoxication Manslaughter)

Date of conviction

Court of conviction

IV. Suspensions and Charges

8. Why was your Driver's License suspended? (Check all that apply and fill in the blanks):

A. I was arrested on ___/___/___ and the breath sample I provided registered above 0.08.
(date)

B. I was arrested on ___/___/___, and I did not give a breath sample, as requested.
(date)

Within the past five (5) years from the date of the arrest that led to your current suspension, have you had a suspension for refusal to give a breath/blood sample or providing a sample with a blood alcohol content greater than .08 following an arrest for DWI?

YES NO

C. This court convicted me of _____ on (date) ___/___/___.

D. The Texas court determined that I am a "habitual violator of traffic laws."

E. A Texas court ordered me to go to a Driver Education Program, and my license, permit, and/or driving privilege was automatically suspended for 365 days.

F. Other (If you did not check any of the above, why was your license suspended? Be specific.)

9. I have the following criminal charges pending: (You do not need to list traffic or Class C charges.)

V. Petitioner's Essential Need to Drive

10. Why do you need an Occupational Driver's License? *(Check all that apply):*

I need an Occupational Driver's License to drive to and from my place of work.

Name of Employer #1: _____

Employer's Address: _____

Days and hours you work: _____

Job title: _____

Name of Employer #2: _____

Employer's Address: _____

Days and hours you work: _____

Job title: _____

I need to drive to **school**. *(Fill out below):*

School Name: _____

School Address: _____

Days and hours of your classes: _____

Other *(explain):* _____

11. Driving schedule you are requesting:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	___ am/pm						
To:	___ am/pm						

12. If you are asking the Court to allow you to drive for more than 4 hours per day, explain why below:

VI. Petitioner's Request to the Court

13. I ask the Court to order the Texas Department of Public Safety to issue me an Occupational Driver's License to drive for the purposes described above.

I further ask this Court to order the Texas Department of Public Safety to administer any driving tests required for the issuance of said Occupational License.

Do not sign until you are in front of the notary.

Petitioner's name (print)



Petitioner's signature

Date

Notary fills out below

State of Texas, County of _____
(Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on this date: _____ by:

(Print the first and last names of the person who is signing this affidavit.)



Notary's signature

See below for a list of documents you must attach to this Petition:

- A certified abstract (Type AR) of your driver's license record.
- An SR22 from your insurance company providing proof of current valid auto liability insurance.
- A copy of the Court Order that suspended your license unless you checked 8f above.
- Proof of need to drive: Examples of proof: A letter from your employer or immediate supervisor on your employer's letterhead that verifies your work schedule, a current pay stub, school registration with schedule, or your sworn affidavit explaining to the court why you need to drive.