| | PLICATION FOR RESTRICTED DRIVER'S LICENSE case No | |
|---|---|---|
| COM | [] General District | Court |
| | CITY/COUNTY | estic Relations District Court |
| | CHIPOGNIT | |
| , 4 | DEFENDANT DRIVER'S LICENSE NUMBER | STATE |
| *************************************** | ADDRESS DATI | E OF BIRTH |
| CITY | STATE ZIP DATE | OF OFFENSE |
| drive | driver's license has been suspended or denied for an offense which makes me eligible for a reer's license; therefore, I request that the court grant a restricted driver's license for travel to assume the summer of the following purpose(s): | |
| (a) [| [] Travel to and from primary job | |
| | Name and Location of Employer: | |
| | | U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Days of Week: | |
| | Leave Work: Arrive at Work: Arrive at Home: | |
| [| Travel to and from secondary job | |
| | Name and Location of Employer: | |
| | D 0111 1 | |
| | Days of Week: | |
| | Leave Work: Arrive at Work: Arrive at Home: | |
| (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 | 1 |
| | Name and Location of school: | |
| | Days of Week: | [] YES[] NO |
| | Leave Home: Arrive at School: Leave School: Arrive at Home: Arrive at Home: | |
| (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: | [] YES [] NO |
| | Location: | |
| (f-1) Ignition Interlock is required on any motor vehicle that you operate. | | [] 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 interlock is ordered. |), if ignition [] YES [] NO |
| (g-1) [| Necessary travel to transport a minor child(ren), who is/are under my care, to and from his/he Name and Location of School: Dates and Times: | [] YES[] NO |
| (g-2) [| Name and Location of Day Care Provider: Dates and Times: | re [] YES[] NO |
| (g-3) [| Necessary travel to transport a minor child(ren), who is/are under my care, to and from medic Name and Location of Medical Provider: | |
| | Dates and Times: | |

NOTE: This is page one of a two-page form.

| CONTINUED DD | OM DACE 1 | |
|--|--|--|
| (h) Necessary travel for Court Ordered visitation with child(ren) | OM PAGE I | |
| Name(s): | | |
| Location of Child(ren): | | [] YES [] NO |
| Days and Times of Visitation: | | F 1 1 FO [] INO |
| | | |
| (i-1) [] Travel to and from appointments with probation officer | | |
| Name and Location of Probation entity | | [] YES [] NO |
| | | |
| (i-2) [] Travel to and from programs required by court or as a condition of probation | | |
| Program Name and Location: | | [] YES [] NO |
| Program Name and Location: | | |
| () [] T | | |
| (j) Travel to and from a place of religious worship | | |
| Name and Location of place of religious worship: Day of Week (one day per week): | | [] YES [] NO |
| Leave Home: Arrive at place of re | ligious worship | [] TES [] NO |
| Leave place of religious worship: | | ing space of the state of the s |
| | | |
| (k) [] Travel to and from appointments approved by the Division of Ch | ild Support Enforcement of the | |
| Department of Social Services as a requirement of participation i | | |
| monitoring program for child support for which I will have with | me written proof of the appointment. | [] YES [] NO |
| including written proof of the date and time of the appointment. | The second process of the appearance, | |
| | | |
| | | |
| (m) [] Travel to and from jail to serve a jail sentence that is to be served | d on weekends or on nonconsecutive days. | [] YES [] NO |
| | • | |
| | | |
| | | |
| | | |
| I certify that the above information is true and accurate, that my driving | privileges are not revoked or suspended for | r any other reason, ar |
| that I have no other pending charges against me that have not been divu | iged to the court. I understand that a Restr | ricted Driver's Licens |
| permits me to operate a motor vehicle under the conditions approved be outside the restrictions of the Restricted Driver's License, I may be subject to the conditions of the Restricted Driver's License, I may be subject to the conditions approved by the conditions are conditions approved by the conditions approved by | to the imposition of previously suspended | uid i de iound drivir 1 sentences in this ca |
| and new criminal charges may be brought against me. | of to the imposition of previously suspended | a sentences in this ca |
| | | |
| | | |
| DATE DEFENDANT'S SIGNATURE | | ······ |
| Reviewed and Approved as indicated: | | |
| | | |
| | | |
| DATE | JUDGE | |

NOTE: This is page two of a two-page form