CASE NO. _____

EX PARTE	§	IN THE JUSTICE COURT
	§	PRECINCT 4, PLACE 1
_____	§	WISE COUNTY, TEXAS

(Petitioner's Name)

PETITION FOR OCCUPATIONAL DRIVER'S LICENSE

COMES NOW _____, Petitioner, on this _____ day of _____, 20____, in the above-styled and numbered cause and files this verified petition for an occupational license, to meet actual and essential needs.

My date of birth is _____, and my driver's license number is _____.

1. JURISDICTION

(Check the applicable provision.)

____ I am a resident of Justice of the Peace Precinct 4, Wise County, Texas. I understand that if my license was automatically suspended or cancelled as a result of a conviction in another court, I must submit my petition only to the clerk of that court unless two or more occupational driver's licenses have been issued to me within the last ten (10) years after a conviction.

____ The offense for which my driver's license was suspended occurred in Justice of the Peace Precinct 4, Wise County, Texas. I understand that if my license was automatically suspended or cancelled as a result of a conviction in another court, I must submit my petition only to the clerk of that court unless two or more occupational driver's licenses have been issued to me within the last ten (10) years after a conviction.

____ My license was automatically suspended or cancelled for conviction of an offense in the Justice Court, Precinct 4, Place 1, Wise County, Texas. I have not been issued more than one occupational license within the last ten (10) years after a conviction under the laws of this state.

2. REASON FOR LICENSE SUSPENSION

My driver's license suspension began on _____, 20____.

My driver's license suspension ends on _____, 20____.

____ (initial) My driver's license was not suspended for physical or mental disability or impairment.

____ (initial) My driver's license was not suspended for conviction for Driving While Intoxicated.

(Check the applicable provision.)

My driver's license was suspended for the following reason:

____ A.I failed to pass a test for intoxication (breath or blood). I understand that if the Court grants an occupational driver's license I will be required to attend a counseling and rehabilitation program for alcohol dependence. I understand that I may be required to submit to periodic testing for alcohol or controlled substances.

____ B. I refused to provide a specimen for a test for intoxication (breath or blood). I understand that if the Court grants an occupational driver's license I will be required to attend a counseling and rehabilitation program for alcohol dependence. I understand that I may be required to submit to periodic testing for alcohol or controlled substances.

____ C. This court convicted me of the following offense: _____. The date of the conviction was _____, and the case number was _____.

____ D. My license was suspended for driving while my driver's license was invalid.

____ E. My license was suspended for habitual violation of traffic laws.

____ F. Other (state reason): _____

_____

_____.

3. CRIMINAL HISTORY

____ (initial) I understand that it is my responsibility to provide the Court with a current copy of my official driving record.

(Check the applicable provision.)

____ I have never been issued an occupational driver's license.

____ I have been issued an occupational driver's license(s). (Provide the date, court, and case number for each occupational driver's license received.)

_____

_____

_____

_____

____ (initial) I understand that if my driver's license has been suspended as the result of a conviction for Driving While Intoxicated, Intoxication Assault, or Intoxication Manslaughter within the last ten (10) years of the date of the offense for which my license is currently suspended and if the Court grants an occupational driver's license, I may be required to obtain an ignition interlock device (breathalyzer) at my own expense. I understand that if I have two or more such convictions when at least one of them was within the past ten (10) years, I will be required to obtain an ignition interlock device (breathalyzer). I understand if any of the above conditions apply and I have ever been convicted of Enhanced Driving While Intoxicated, I will be required to obtain an ignition interlock device (breathalyzer).

____ (initial) I understand that if my driver's license has been suspended as a result of a conviction of an offense involving the operation of a motor vehicle while intoxicated and if the Court grants an occupational driver's license, I may be required to submit to periodic testing for alcohol or controlled substances.

(Circle) I HAVE / HAVE NOT been convicted within the last ten (10) years for Driving While Intoxicated, Intoxication Assault, or Intoxication Manslaughter. If such a conviction(s) has occurred, the details are (provide date, offense, court, and case number for each prior suspension): _____

_____

_____

_____

(Circle) My driver's license HAS / HAS NOT been suspended as a result of an alcohol-related or drug-related enforcement contact or conviction. If such a suspension(s) has

occurred, the details are (provide date, offense, court, and case number for each prior suspension): _____

_____

_____

_____

4. PROBATION SUPERVISION

____ (initial) I understand that if the Court grants an occupational driver's license, I may be required to submit to Wise County Community Supervision and Corrections (Adult Probation) to verify compliance with the Court's order. I further understand that a monthly administrative fee may be required.

5. ESSENTIAL NEED

I have an essential need for an occupational driver's license.

____ (initial) My essential need does not involve the operation of a commercial motor vehicle.

My essential need is based on the following (check all that apply):

____ A. I need to drive in the performance of my occupation (driving during work).

Occupation: _____

Employer: _____

Employer Address: _____

_____

Employer Phone Number: _____

Work Days/Hours: _____

_____

____ B. I need to drive to travel to and from my place of occupation.

Occupation: _____

Employer: _____

Employer Address: _____

_____

Employer Phone Number: _____

Work Days/Hours: _____

_____

____ C. I need to drive to and from an educational facility in which I am enrolled.

School: _____

School Address: _____

_____

School Phone Number: _____

School Days/Hours: _____

_____

____ D. I need to drive in order to perform essential household duties.

Duties: _____

_____

Days/Hours: _____

_____

My essential need is for the following areas/routes of travel: _____

_____

_____

_____

____ (initial) I understand that it is my responsibility to prove my essential need to the Court.

____ (initial) I understand that any occupational driver's license will be restricted to no more than four (4) hours per twenty-four (24) hour day unless I prove to the Court my necessity for more than four (4) hours per day.

____ (initial) I understand that it is my responsibility to prove that I have evidence of financial responsibility as required by state law (such as liability insurance).

6. ATTACHMENTS

I have attached the following documents (check all that apply):

____ 1.A certified abstract of my complete official driving record (Type AR).

____ 2.Proof of current valid liability insurance or a copy of an SR-22 from my insurance company.

____ 3.A copy of the court order that suspended my driver's license.

____ 4. A letter from my employer or immediate supervisor on my employer's letterhead (or affidavit) verifying my employment and work schedule.

____ 5.A letter from my school administrator on school letterhead verifying my class schedule (or an official copy of the class schedule).

____ (initial) I understand that if the Court grants an occupational driver's license, I will be required to pay for a certified copy of this petition and the Court's Order to be sent to the Texas Department of Public Safety. I will also need to pay for a certified copy of the Order that must be kept in my possession when operating a motor vehicle. I understand it will be my responsibility to apply with DPS for an occupational license if the Order is granted.

I respectfully request the Court grant an order authorizing an occupational driver's license for the reasons set out above.

My full name is _____, my date of birth is _____, and my full address is _____.
I declare under penalty of perjury that the foregoing is true and correct.
Executed (signed) in _____ County, State of _____, on the _____ day of _____, 20____.

_____

(Declarant's/Petitioner's Signature)