NOTICE: THIS FORM CONTAINS SENSITIVE DATA

EX PARTE

Cause No. _____
The clerk fills out the Cause No.

In the: (Check one)

_____ ☐ District
Court Number ☐ County
☐ Justice Court of:

_____ _____ County, Texas

_____
Print your full name

Petition for Occupational Driver's License

Print your answers:

My name is: _____.
First Middle Last

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

I understand that this license will **not** allow me to drive a **commercial vehicle** that requires a Commercial Driver's License under Chapter 522 of the Texas Transportation Code.

I am **not** represented by an attorney in this request for an Occupational Driver's License. I ask the Court to consider the information I have provided below.

Upon approval of this request, I ask the Court to order the Clerk to send a certified copy of the Petition and the court Order to the Texas Department of Public Safety.

I. Petitioner's Personal Information

1. Home address: _____
Street address City

_____, Texas
County ZIP

2. Mailing address (if different): _____
Mailing address City

_____, Texas
County ZIP

3. Phone number: _____

4. Email address: _____

5. Date of birth: _____
Month Day Year

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6. The last four digits of my Social Security Number are __ __ __ __.

7. Jurisdiction: **(Check all that apply.)**

☐ I reside in this County.

☐ The incident for which my license was suspended, canceled, or revoked occurred in this county.

☐ This Court convicted me of an offense that, under Texas law, resulted in an automatic suspension, cancellation, or revocation of my license.

☐ My license was suspended, canceled, or revoked due to another court, located in this county, submitting an order to DPS. The court that made the order is the ☐ District ☐ County ☐ Justice ☐ Other _____ Court of _____, Texas.
Other type of court **County**

II. Driver's License Information

8. Check all that apply and fill in the blanks:

☐ I have never had a Texas Driver's License.

☐ My Texas Driver's License # is: _____ .
Expiration date: _____
Month **Day** **Year**

☐ My non-Texas Driver's License was issued by the state of _____.
My Driver's License number is _____.
Expiration date: _____
Month **Day** **Year**

9. Check Yes or No for each:

My license is canceled, suspended, or revoked because of a physical or mental disability.
☐ Yes ☐ No

My license is canceled, suspended, or revoked for non-payment of child support.
☐ Yes ☐ No

DPS has determined that I am incapable of safely operating a motor vehicle.
☐ Yes ☐ No

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III. Notice to the State If Applicable

10. If any of the following apply, the Clerk of the Court must give the State 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 is suspended, canceled, or revoked under Transportation Code section 521.342. (Person under 21 convicted of certain drug or alcohol charges.)

Convicted on _____ in _____, _____.
Month Day Year **Court of Conviction** **County of Conviction**

B. ☐ My license is suspended, canceled, or revoked because I was convicted of:
(Check all that apply and fill in the blanks.)

a. ☐ Criminally Negligent Homicide *Penal Code 19.05*
b. ☐ Driving While Intoxicated *Penal Code 49.04*
c. ☐ Driving While Intoxicated with Child Passenger *Penal Code 49.045*
d. ☐ Flying While Intoxicated *Penal Code 49.05*
e. ☐ Boating While Intoxicated *Penal Code 49.06*
f. ☐ Assembling or Operating an Amusement Ride While Intoxicated *Penal Code 49.065*
g. ☐ Intoxication Assault *Penal Code 49.07*
h. ☐ Intoxication Manslaughter *Penal Code 49.08*

Convicted on _____ in _____, _____.
Month Day Year **Court of Conviction** **County of Conviction**

In addition, the Court may notify the attorney representing the State of any hearing on this Petition for Occupational Driver License.

IV. Prior History

11. My license is suspended, canceled, or revoked because: **(Check all that apply and fill in the blanks.)**

A. ☐ I was arrested on _____ **(arrest date)** and an analysis of my breath sample or blood sample registered above 0.08.

B. ☐ I was arrested on _____ **(arrest date)** and I refused to give a breath sample or blood sample, as requested.

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C. ☐ Substance-related loss of license in the past ten years: My license was suspended, canceled, or revoked within ten years prior to the date of the arrest that led to my current suspension, cancellation, or revocation. The previous suspension(s), cancellation(s), or revocation(s) were due to: **(Check all that apply.)**

☐ refusal to give a breath or blood sample following an arrest for DWI.

☐ giving a sample with a blood alcohol content greater than .08 following an arrest for DWI.

☐ conviction of an alcohol or drug-related offense.

D. ☐ This court convicted me of _____ on _____ under cause number _____. **Month Day Year** **Cause number**

E. ☐ A court in _____ **(County)** ordered the suspension, cancelation, or revocation without convicting me.

F. ☐ A Texas court determined that I am a "habitual violator of traffic laws."

G. ☐ A Texas court ordered me to go to a Driver Education Program, **and** my license, permit, and/or driving privilege is automatically suspended, canceled, or revoked for 365 days.

H. ☐ Other: **(If you did not check any of the above, why is your license suspended, canceled, or revoked? Be specific.)**

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

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V. Petitioner's Essential Need to Drive

The law requires me to demonstrate to the judge that I have an essential need for an Occupational Driver's License. I ask the Court to consider all of the following information as a demonstration of my essential need:

(Check all that apply and fill in blanks.)

13. Work or essential needs:

☐ I need an Occupational Driver's License to drive to and from my place of work.
Name of Employer #1: _____
Employer's Address: _____
Employer's Telephone: _____
Job title: _____
Days and hours you work: _____
_____

Name of Employer #2: _____
Employer's Address: _____
Employer's Telephone: _____
Job title: _____
Days and hours you work: _____
_____

Name of Employer #3: _____
Employer's Address: _____
Employer's Telephone: _____
Job title: _____
Days and hours you work: _____
_____

☐ I am self-employed as _____
My work address is: _____
Need for an Occupational Driver's License: **(Explain)** _____
_____
_____

☐ I am in pursuit of employment. **(Explain)**

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☐ I need to go to and/or transport family members to school. **(Fill out below.)**

School #1 Name: _____ Telephone: _____
Address: _____

School #2 Name: _____ Telephone: _____
Address: _____

School #2 Name: _____ Telephone: _____
Address: _____

☐ Other reasons for which I need to drive: **(Explain)**

14. My work or essential needs require me to drive throughout the following county or counties:
(List counties where you drive.)

15. I request the following driving schedule: **(Enter the times you need to drive.)**

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

16. ☐ I ask the Court to allow me to drive more than four hours of **actual drive time** per day. (This cannot be more than 12 hours in a 24 hour period.) This is necessary because:
(Explain)

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VI. Request for Interlock Exception

17. **Check one of the following:**

☐ I **do not** ask the court to waive the requirement for an interlock device or no such requirement exists.

☐ I **do** ask the court to waive the requirement for an interlock device due to: (Check all that apply.)

- ☐ Indigence / Inability to Pay
- ☐ Physical disability
- ☐ Other: **(Explain)**

18. An interlock device is not needed for the safety of the community and in the interest of justice should be waived because: **(Explain)**

VII. Request for Waiver of Counseling Requirement

19. **Check one of the following:**

☐ I **do not** ask the court to waive the substance/drug abuse counseling requirement or there is no such counseling requirement.

☐ I **do** ask the court to waive the requirement for substance/drug abuse counseling due to: **(Check all that apply.)**

- ☐ Indigence / Inability to Pay
- ☐ Physical disability

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☐ Other: (Explain)

20. Substance and drug abuse counseling is not needed for the safety of the community and in the interest of justice should be waived because: (Explain)

VIII. Attached Documents

I have attached true, accurate, and unaltered copies of the following documents,

Documents attached to this Petition:

☐ **(Required)** A certified abstract (Type AR) of your driver's license record. (Can be obtained at: https://txapps.texas.gov/tolapp/txldrcdr/TXDPSLicenseeManager)

☐ **(Required)** An SR22 from your insurance company providing proof of current valid auto liability insurance.

☐ **(Required if applicable)** Proof of installation of interlock.

☐ **(Optional)** Additional 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 unless your license is suspended solely based on an intoxication offense under Penal Code 49.04 –49.08 and any vehicle you own or operate must be equipped with an interlock device.)

☐ **(Optional)** Other: (Explain)

IX. Petitioner's Request to the Court

21. 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.

22. I ask this Court to order the Texas Department of Public Safety to conduct any and all tests required for the issuance of said Occupational License.

23. I ask the court to schedule a hearing, if one is required.

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24. If the Court requires a hearing, I request: **(Check one)**

☐ The hearing be held in person.

☐ The hearing be held over the telephone.

☐ The hearing be held online (virtual hearing).

_____

Petitioner's name (print)

➧ _____ _____

Petitioner's signature Date

Verification

Option #1: Unsworn Declaration Made Under Penalty of Perjury

(If you use this option, you do not have to have this document notarized. Note that your birth date and address will go on public record.)

My current legal name is: _____.
First Middle Last

My date of birth is: _____.
Month Day Year

My address is: _____.
Street Address City State ZIP Code Country

I declare under penalty of perjury that all information in this Petition is true and correct. I affirm that the attached documents are true and accurate and have not been modified. I understand I could be prosecuted for lying on this form.

Formally signed in _____County, _____
County State

on this date: _____.
Month Day Year

➧ _____

Signature of Person Asking for Occupational Driver's License

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Pursuant to Texas Civil Practice and Remedies Code Section 132.001, an unsworn declaration may be used in lieu of a written sworn declaration, verification, certification, oath, or affidavit required by statute or required by a rule, order, or requirement adopted as provided by law. This provision does not apply to an oath of office or an oath required to be taken before a specified official other than a notary public. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury and 3) in substantially the form used above.

Option #2: Notarization

(This document does not have to be notarized if you completely filled out and signed the Unsworn Declaration Made Under Penalty of Perjury above.)

I swear under penalty of perjury that all information in this Petition is true and correct. I affirm that the attached documents are true and accurate and have not been modified. I understand I could be prosecuted for lying on this form.

_____ _____

Signature of Person Asking for Occupational Driver's License **(Do not sign except in the presence of a notary.)** Date

State of Texas
County of _____
(County where statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on the _____ day of _____, _____ year, by _____.
(Full name of Petitioner.)

_____
Notary Public, State of Texas **(Notary's signature)**

(Notary's seal)

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