

Using This Revisable PDF Form

1. Copies – Original – to court.
2. Prepared by defendant except where noted, and signed by defendant. Approval section completed by judge and signed by judge.
3. Attachments – none.
4. Preparation details
 - a. This form is designed to facilitate the collection of information needed for completion of a restricted driver's license.
 - b. This form is not mandatory but may be useful to ensure that the correct information is contained on the restricted driver's license. The defendant should determine whether the court before whom the defendant will be appearing accepts this form.
 - c. If the defendant intends to request a restricted driver's license if convicted, the defendant would complete this form prior to his case being heard and provide it to the judge at that time.

APPLICATION FOR RESTRICTED DRIVER'S LICENSE
Commonwealth of Virginia

Case No. **1**

General District Court
 Juvenile & Domestic Relations District Court

2
CITY/COUNTY

3
DEFENDANT

6
DRIVER'S LICENSE NUMBER STATE

4
ADDRESS

7
DATE OF BIRTH

CITY STATE ZIP

8
DATE OF OFFENSE

5
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
10

<p>(a) <input type="checkbox"/> Travel to and from primary job Name and Location of Employer:</p> <p>Days of Week:</p> <p>Leave Home: Arrive at Work:</p> <p>Leave Work: Arrive at Home:</p>	<p>[] YES [] NO</p>
<p><input type="checkbox"/> Travel to and from secondary job Name and Location of Employer:</p> <p>Days of Week:</p> <p>Leave Home: Arrive at Work:</p> <p>Leave Work: Arrive at Home:</p>	<p>[] YES [] NO</p>
<p>(b) <input type="checkbox"/> Travel to and from VASAP</p>	<p>[] YES [] NO</p>
<p>(c) <input type="checkbox"/> Travel during work hours only as required by my employer: Hours of required travel:</p>	<p>[] YES [] NO</p>
<p>Written verification must be carried</p>	<p>[] YES [] NO</p>
<p>(d) <input type="checkbox"/> Travel to and from school Name and Location of school:</p> <p>Days of Week:</p> <p>Leave Home: Arrive at School:</p> <p>Leave School: Arrive at Home:</p>	<p>[] YES [] NO</p>
<p>(e) <input type="checkbox"/> Medically necessary travel for: <input type="checkbox"/> me <input type="checkbox"/> my elderly parent <input type="checkbox"/> a person residing in my household</p> <p>If for elderly parent or another person: Medical provider name:</p> <p>Location:</p>	<p>[] YES [] NO</p>
<p>(f-1) Ignition Interlock on any motor vehicle that you operate, if required.</p>	<p>[] YES [] NO [] and on <u>each</u> motor vehicle owned by or registered to person</p>
<p>(f-2) <input type="checkbox"/> Travel to and from the facility that installed or monitors the ignition interlock in the vehicle(s), if ignition interlock is ordered.</p>	<p>[] YES [] NO</p>
<p>(g-1) <input type="checkbox"/> 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:</p> <p>Dates and Times:</p>	<p>[] YES [] NO</p>
<p>(g-2) <input type="checkbox"/> 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:</p> <p>Dates and Times:</p>	<p>[] YES [] NO</p>
<p>(g-3) <input type="checkbox"/> 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:</p> <p>Dates and Times:</p>	<p>[] YES [] NO</p>

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

Data Elements, *page one*

1. Court case number(s).
2. Court jurisdiction. Check applicable box for type of court.
3. Name of defendant whose license is suspended or who is petitioning.
4. Address of defendant.
5. Telephone number of defendant.
6. Defendant's driver's license number and state of issuance.
7. Defendant's date of birth.
8. Date of offense.
9. Defendant should check appropriate boxes and complete the information requested.
10. The judge should check either the "yes" or "no" box for each purpose.

CONTINUED FROM PAGE 1

3 {	(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): Days and Times of Visitation:	[] YES [] NO
	(i-1) <input type="checkbox"/> Travel to and from appointments with probation officer Name and Location of Probation entity	[] YES [] NO
	(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:	[] YES [] NO
	(j) <input type="checkbox"/> Travel to and from a place of religious worship Name and Location of place of religious worship: 4 { Day of Week (one day per week): Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home:	[] YES [] NO
	(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.	[] YES [] NO
(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.	[] YES [] NO	

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.

5
.....
DATE

6
.....
DEFENDANT'S SIGNATURE

Reviewed and Approved as indicated:

7
.....
DATE

8
.....
JUDGE

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

Data Elements, *page two*

1. Name of defendant.
2. Court case number(s).
3. Defendant should check appropriate boxes and complete the information requested.
4. The judge should check either the "yes" or "no" box for each purpose.
5. Date signed by the defendant.
6. Defendant's signature.
7. Date signed by the judge.
8. Judge's signature.