

APPLICATION FOR RESTRICTED DRIVER'S LICENSE

Commonwealth of Virginia

Case No.

☐ General District Court ☐ Circuit Court
☐ Juvenile & Domestic Relations District Court

CITY/COUNTY

DEFENDANT

DRIVER'S LICENSE NUMBER

STATE

ADDRESS

DATE OF BIRTH

CITY

STATE

ZIP

DATE OF OFFENSE

TELEPHONE NUMBER

My driver's license has been suspended or denied for an offense that makes me eligible for a restricted driver's license or for an unpaid judgment. I request that the court grant me a restricted driver's license as set forth below. The following describes my request:

(Court use only)
APPROVED

☐ **I was convicted of a first offense under § 18.2-266 or a substantially similar ordinance of any county, city or town and was an adult at the time of the offense.**

☐ YES ☐ NO

☐ I request that the only condition be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law, with not less than 12 consecutive months without alcohol-related violations of the interlock system.
(Do not complete items "a" through "q" below.) Va. Code § 18.2-270.1(C).

☐ YES ☐ NO

☐ I request travel to and from the locations included in items "a" through "q" below for the listed purposes, with not less than 6 consecutive months without alcohol-related violations of the interlock system. (Complete items "a" through "q" below.) Va. Code § 18.2-270.1(C).

☐ **I was convicted under § 16.1-266 and it was not a first offense, or convicted under § 18.2-51.4.**

☐ YES ☐ NO

I am requesting to operate a motor vehicle for any purpose, with the conditions that (1) I only operate a motor vehicle that is equipped with a functioning, certified ignition interlock system; (2) I use a remote alcohol monitoring device; and (3) I refrain from alcohol consumption.
(Do not complete items "a" through "q" below.) Va. Code § 18.2-270.1(E).

☐ **I was convicted of reckless driving and ordered to enter into and successfully complete an alcohol safety action program.** I request that the only condition be that I am prohibited from operating a motor vehicle without a functioning, certified ignition interlock system as required by law. If the court does not grant this request, I request travel to and from the locations included in items "a" through "q" below for the listed purposes. (Complete items "a" through "q" below.) Va. Code § 18.2-271.5.

☐ YES ☐ NO

☐ **I was convicted of an offense or I have an unpaid judgment.** I request travel to and from the locations included in items "a" through "q" below for the listed purposes.
(Complete items "a" through "q" below.)

☐ YES ☐ NO

Complete applicable items if required:

(a) ☐ Travel to and from primary job

Name and Location of Employer:

☐ YES ☐ NO

Days of Week:

Leave Home: Arrive at Work:

Leave Work: Arrive at Home:

☐ Travel to and from secondary job

Name and Location of Employer:

☐ YES ☐ NO

Days of Week:

Leave Home: Arrive at Work:

Leave Work: Arrive at Home:

(b) ☐ Travel to and from VASAP

☐ YES ☐ NO

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

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(c) <input type="checkbox"/> Travel during work hours <u>only as required by my employer</u> : Hours of required travel:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Written verification must be carried	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) <input type="checkbox"/> Travel to and from school Name and Location of school: Days of Week: Leave Home: Arrive at School: Leave School: Arrive at Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(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 If for elderly parent or another person: Medical provider name: Location:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(f-1) Ignition Interlock on any motor vehicle that you operate, if required.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> and on <u>each</u> motor vehicle owned by or registered to person
(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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(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: Dates and Times:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(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: Dates and Times:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(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: Dates and Times:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(h) <input type="checkbox"/> Necessary travel for Court Ordered visitation with child(ren) Name(s): Location of Child(ren): Days and Times of Visitation:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i-1) <input type="checkbox"/> Travel to and from appointments with probation officer Name and Location of Probation entity	<input type="checkbox"/> YES <input type="checkbox"/> 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:	<input type="checkbox"/> YES <input type="checkbox"/> NO
(j) <input type="checkbox"/> Travel to and from a place of religious worship Name and Location of place of religious worship: Day of Week (one day per week): Leave Home: Arrive at place of religious worship: Leave place of religious worship: Arrive Home:	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
(n) <input type="checkbox"/> Travel to and from a job interview for which I will have with me written proof from my potential employer of the date, time and location of the job interview.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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(q) ☐ Travel to and from the offices of the Virginia Employment Commission for the purpose of seeking employment.

☐ 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.

.....
DATE

.....
DEFENDANT'S SIGNATURE

Reviewed and Approved as indicated:

.....
DATE

.....
JUDGE

NOTE: This is page three of a three-page form.