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IN THE JUSTICE COURT

PRECINCT 3, PLACE 1

DALLAS COUNTY, TEXAS

Petitioner's Name

PETITION FOR OCCUPATIONAL LICENSE

My name is _____
First Middle Last

I am the Petitioner, and I am asking the court for an Occupational Driver's License (ODL) based on the information I have provided below.

Each numbered item must be completed. You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.

PERSONAL INFORMATION:

1. **Home Address:** _____
Street Address Unit # (if applicable)

City State Zip

2. **Mailing Address:** _____
(if different from above) Address

City State Zip

3. **Phone Number:** (_____) _____ - _____

4. **Email Address:** _____

5. **Date of Birth:** ____/____/____
Month Day Year

6. **The last four digits of my Social Security Number:** _____

or

I do not have a Social Security Number.

DRIVER LICENSE INFORMATION:

7. Check all that apply and provide requested information:

- I have never held a Texas Driver License.
- My Texas Driver License # is _____. Expiration Date is ____/____/_____.
- My Driver License was issued by the State of _____.
My Driver License # is _____. Expiration Date is ____/____/_____.

- 8.** Is your license suspended because of a physical or mental disability? Yes No
Was your license revoked for non-payment of child support? Yes No
Have you had 2 or more ODLs in the past 10 years after a conviction? Yes No
Was your license automatically suspended due to an alcohol-related conviction? Yes No

9. Why is your Driver License suspended? Check all that apply and provide requested information.

- This court convicted me of _____ on ____/____/_____.
- A court determined that I am a “habitual violator of traffic laws.”
- A court ordered me to attend a Driver Education Program and suspended my license for 365 days.
- I was arrested on ____/____/_____, and the blood/breath sample I provided registered above .08.
- I was arrested on ____/____/_____, and I refused to submit a blood/breath sample.

Within the past ten years from the date of the arrest that led to your current suspension, have you had a suspension for refusal to give a blood/breath sample or providing a sample with a blood alcohol content greater than .08 following an arrest for DWI? Yes No

- Other: *Describe in detail below.*

- 10.** I have the following criminal charges pending: *You do not need to list traffic or class C misdemeanors.*

ESSENTIAL NEED INFORMATION:

- 11.** Have you been ordered by a magistrate or other court to install an ignition interlock device on your vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device?
 Yes No

If yes, please attach a copy of the court order and contract with the interlock company.

If yes, you do NOT need to complete numbers 12, 13, and 14.

12. Why do you need an ODL? *Check all that apply and provide requested information.*

- I need an ODL to drive to and from my place of **work**.
Name of Employer #1: _____
 Address: _____
 Job title: _____
Name of Employer #2: _____
 Address: _____
 Job title: _____
- I need an ODL to drive to and from **school**.
 School Name: _____
 Address: _____
- I need an ODL to perform **essential household duties**. *Describe in detail below.*

13. Driving schedule you are requesting:

	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
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

14. If you are asking the Court to allow you to drive for more than 4 hours per day, explain why below:

ADDITIONAL DOCUMENTS:

- 15.** I have attached the following **required** documents to this petition:
- An SR-22 Financial Responsibility Insurance Certificate
 - A signed letter from my employer on employer letterhead regarding the need to drive **or** a sworn affidavit with proof that I am retired, disabled, or on public assistance
 - A Type AR-Certified Abstract of Complete Driver Record obtained from the Department of Public Safety (DPS) at <https://txapps.texas.gov/tolapp/txldrcdr/TXDPSLicenseeManager>
 - A copy of my Order of Suspension Notice from DPS

PRAYER:

I request that the court grant this Petition for Occupational License and send a certified copy of this petition and a certified copy of the court order granting the occupational license to the Texas Department of Public Safety (DPS).

_____ (*initial*) I understand that if the Court grants this request, I will be required to pay for two certified copies of the ODL order and one certified copy of this ODL petition.

_____ (*initial*) I understand that if the Court grants this request, I will be required to keep a certified copy of the ODL order with me at all times while driving.

_____ (*initial*) I understand that if the Court grants this request, it will be my responsibility to submit the following items to DPS to obtain my ODL card:

- An SR-22 Financial Responsibility Insurance Certificate
- Payment of the \$10.00 occupational license fee
- Payment of all reinstatement fees

Petitioners Signature

SWORN TO AND SUBSCRIBED before me on _____.

[SEAL]

Clerk of the Justice Court or Notary