

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

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

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.

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, cancellation, 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.)

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)

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)

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

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/txldrchr/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.

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)

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Ex Parte

Cause No. _____

The clerk fills out the Cause No.

In the _____ District
Court Number County
 Justice Court of:

Print your full name. _____ County, Texas

Order for Occupational Driver's License

On this date, the Court heard Petitioner's Application for Occupational Driver's License.

The Petitioner named below appeared in person without an attorney.

The Court finds that notice to the State: (Check one.)	The Court fills out this box.
<input type="checkbox"/> was not required.	
<input type="checkbox"/> was given as required by Texas Transportation Code Section 521.243 and: (Check one.)	
<input type="checkbox"/> the attorney representing the State did not appear.	
<input type="checkbox"/> the attorney representing the State, _____, also appeared.	

I. Findings

1. The Court finds that Petitioner's **personal information** is as follows:

a. Name: _____
First Middle Last

b. (Check all that apply and fill in the blanks.)

Petitioner's Texas Driver's License Number is _____.

Petitioner's Texas Driver's License expiration date is _____.
Month Day Year

Petitioner has never had a Texas Driver's License.

Petitioner has a non-Texas Driver's License from _____ with License Number _____
Non-Texas license number Issuing state

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

c. Home address: _____
Street address

City County State ZIP

d. Phone number: _____

e. Email address: _____

f. Date of birth: _____
Month Day Year

2. The Court finds that it has jurisdiction and venue over this case and the Petitioner because:
(Check all that apply and fill in the blanks.)

- Petitioner resides in this County.
- The incident for which Petitioner's license was suspended, canceled, or revoked happened in this County.
- This Court convicted Petitioner of an offense that, under Texas law, resulted in an automatic suspension, cancellation, or revocation of Petitioner's license.
- This Court ordered a suspension, cancellation, or revocation of Petitioner's license that was not the result of a conviction.

3. The Court finds that Petitioner's driver's license is suspended, canceled, or revoked because:
(Check all that apply and fill in the blanks.)

This Court convicted Petitioner of _____
Convicted offense
on _____ under cause number _____
Date of conviction Cause number

Petitioner refused to submit to a breath or blood test or submitted a breath or blood test that registered more than 0.08 following an arrest on _____ for: (Check one.)
Date of arrest

Driving While Intoxicated

Other: (Explain) _____

The Texas Department of Public Safety said Petitioner was a habitual violator of traffic laws.

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Other: (Explain) _____

4. The Court finds that Petitioner's driver's license is not denied, suspended, canceled, or revoked because of a physical or mental disability or nonpayment of child support. The Court further finds that the Texas Department of Public Safety has not found Petitioner to be incapable of safely operating a motor vehicle.

5. Term of suspension, cancellation, revocation, or invalidation: (Check all that apply and fill in the blanks.)

The Court finds that the suspension, cancellation, or revocation of Petitioner's license began or begins on or about _____ and ends on or about _____.
Month Day Year Month Day Year

The Court finds that the Petitioner's license is invalid for an indefinite period of time.

6. The Court finds that Petitioner: (Check all that apply and fill in the blanks.)

works for the following employer(s):

Name of Employer #1: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

Name of Employer #2: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

Name of Employer #3: _____

Work telephone: _____

Work address: _____

Street address

City

County

State

ZIP

works for themselves. Petitioner's occupation is: _____

Petitioner's work address is: _____

Street address

City

County

State

ZIP

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

attends school at or transports family members to the following school(s):

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

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

is in pursuit of employment.

has other essential needs to drive: (Explain) _____

drives as part of their work and and/or essential needs throughout the following county or counties: _____

7. The court finds that an essential need to drive exists.

The Court fills out the rest of this form. (Check as applicable.)

8. The Court finds that Petitioner has met the following requirements:

- a. Providing proof of financial responsibility (SR-22 insurance policy).
- b. Providing certified abstract (Type AR) of Petitioner's driver's license record.
- c. Filing of the Petition and Order (along with the Statement of Inability to Pay Court Costs, if applicable).
- d. Providing proof that they have taken or are taking an approved drug/alcohol counseling course, **or**
 - Petitioner is aware that they must show proof of taking such a course within the required time period, **or**
 - no drug/alcohol counseling course is required.
- e. Providing proof of having installed an ignition interlock device, **or**
 - no ignition interlock device is required.

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

9. Suspension Due to an Intoxication Offense (Check if applicable.)

- The Court finds that Petitioner's driver's license is suspended because of an intoxication offense.

II. Orders

The Court orders that this Petition for Occupational Driver's License is granted subject to the following restrictions and orders Petitioner to follow all restrictions listed below.

The Court orders the Texas Department of Public Safety to issue an Occupational Driver's License to Petitioner subject to the following restrictions. The Court further orders the Texas Department of Public Safety to conduct any and all tests required for the issuance of said Occupational License, and, if Petitioner passes all required tests, issue an Occupational Driver's License to Petitioner subject to the following restrictions.

Restrictions

- **Petitioner must not drive a commercial vehicle with this license.**
- **Petitioner must maintain an SR-22 automobile liability insurance policy for the entire period the Occupational Driver's License is in effect. Petitioner must be able to provide proof of coverage upon request.**
- **Petitioner must have a certified copy of this Order with them at all times while driving and must allow a peace officer to examine the Order when requested.**

The Court also orders the restrictions checked below: (Check all that apply.)

A. Drug and Alcohol Related Restrictions

Ignition Interlock Device: (Check one, if applicable.)

- Any vehicle owned or operated by the Petitioner **must** be equipped with a working ignition interlock device ("breathalyzer") in accordance with Texas Transportation Code Section 521.2465, **or**
- the Court finds that an ignition interlock device is not needed for the safety of the community and is waived in the best interest of justice, **or**
- an ignition interlock device is not statutorily required.
- Petitioner **must** submit to periodic testing for alcohol or controlled substances as follows:
-

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Drug and Alcohol Counseling: (Check one, if applicable.)

Petitioner **must** attend the alcohol/drug counseling program listed below and give the court clerk proof of attendance within _____ days of this order.

Program: _____

or

The Court waives the requirement for an alcohol/drug counseling program based on a showing of good cause.

B. Restrictions when an Ignition Interlock Device Is Not Required

Petitioner may only drive in the counties listed here:

Petitioner **must** only drive to and from work or school and for essential duties, including medical appointments, court appointments, attorney appointments probation office meetings, and any supervision, education, counseling, or other essential needs authorized by this court.

Petitioner **must not** drive more than: (Check one.)

four hours in any 24 hour period.

12 hours in any 24 hour period. The Court specifically finds that Petitioner needs to drive more than four hours and orders that the four hour limitation is waived.

Petitioner **must** only drive on the days and at the times listed below:

	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

Petitioner **must** always keep a logbook in any car Petitioner drives. Petitioner must correctly record in the logbook all dates and times Petitioner drives and the destination and reason for each trip. Petitioner must show this logbook to any law enforcement officer upon demand.

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

C. Other Restrictions

Petitioner **must not** refuse any lawful request by law enforcement for a sample of Petitioner's breath or blood if stopped for Driving While Intoxicated.

Petitioner **must** submit to community supervision as follows:

Additional Restrictions: _____

III. Date this Order Takes Effect

The Court Clerk shall send a certified copy of the Petition and the court Order setting out this Court's findings and restrictions to the Texas Department of Public Safety.

This Order takes effect on: (Check one and write in the date, if applicable.)

the date this Order is signed by the Court.

Other date: _____
Month Day Year

If all driver testing requirements have been met, Petitioner may use a certified copy of this Order as a restricted license only for 45 days, beginning on the date this Order takes effect.

IV. Date this Order Ends

Unless revoked by the Court, this Order for Occupational Driver's License remains valid through: (Check one and write in the date, if applicable.)

The date on which Petitioner's current driver's license suspension, cancellation, or revocation ends: _____
Month Day Year

Other date: _____
Month Day Year

V. Warnings to Petitioner

It is a **misdemeanor offense** for you to violate any of the driving restrictions listed above, punishable by fine, jail, and loss of your Occupational Driver's License.

It is a **misdemeanor offense** for you to drive without a certified copy of this order in your possession, punishable by fine, jail, and loss of your Occupational Driver's License.

Violations of these driving restrictions may be considered a violation of community supervision.

It is a **misdemeanor offense** to drive a commercial vehicle with this Occupational Driver's License, punishable by fine and/or jail, as well as loss of your Occupational Driver's License.

The Court may revoke this Order, at any time, for good cause.

This Order and your Occupational Driver's License are automatically revoked if you are convicted of violating any of the restrictions listed above **or** convicted of driving without a certified copy of this Order in your possession.

If all driver testing requirements have been met, you may use a certified copy of the Order to drive for 45 days only, **beginning on the date this Order takes effect.**

If you do not receive your Occupational Driver's License from the Texas Department of Public Safety (DPS) before the 45th day after the date this Order takes effect, you must not drive until you receive your Occupational Driver's License from Texas Department of Public Safety or come back to court to get an Amended Order for Occupational Driver's License that extends the 45-day time period.

If this Order includes a finding of an essential need to drive, and the places, reasons, days or times that you need to drive change, you must come back to Court to get an Amended Order for Occupational Driver's License that reflects those changes.

Signed On: _____

By: _____
Judge's Signature

NOTICE: THIS FORM CONTAINS SENSITIVE DATA

Note to law enforcement: (Check one.)

- An ignition interlock device **is** required for this Occupational Driver's License.
- An ignition interlock device **is not** required for this Occupational Driver's License.

Cause No. _____

The clerk fills out the Cause No.

In the _____ District
Court Number County
 Justice Court of:

_____ County, Texas
Print your full name.

Agreed Order Setting Hearing

It is hereby ordered that a hearing for judgment in the above styled cause asked for by _____
First, middle, and last name of the person filing the case

is set for _____ a.m. p.m. on _____ in the (check one)
Time Month Day Year

District County Justice Courthouse at _____,
Court street address
_____, in the County of _____ County, Texas.
Court city Court county

The parties are ordered to appear: (Check one.)

Virtually (Contact the Court Clerk for instructions on how to access virtual court hearing.)

By telephone (Call this number, _____ ext. _____, at least five minutes before the hearing starts. If no number is listed here, ask the Court Clerk how to join your hearing by telephone.)

In person

Signed this _____ day of _____, 20____.

Judge Presiding