

CASE NUMBER: \_\_\_\_\_

_____	*	IN THE JUSTICE COURT
	*	
VS.	*	PRECINCT TWO
	*	
THE STATE OF TEXAS	*	TARRANT COUNTY, TEXAS

**PETITION FOR OCCUPATIONAL DRIVER'S LICENSE**

**I SWEAR UNDER OATH THAT THE INFORMATION I PROVIDE IN THIS PETITION IS TRUE AND CORRECT.**

My name is: \_\_\_\_\_  
*First Middle Last*

I am the Petitioner, and I am asking the court for an Occupational Driver's License. I hereby ask the Court to consider the information I have provided below.

**Petitioner's Personal Information:**

1. Home address: \_\_\_\_\_  
\_\_\_\_\_

2. Mailing address, if different from above: \_\_\_\_\_  
\_\_\_\_\_

3. Phone numbers: \_\_\_\_\_  
*Cell Work Home*

4. Date of birth: \_\_\_\_\_

5. Driver's license number: \_\_\_\_\_ License issued by: \_\_\_\_\_

6. Was your license suspended because of a physical or mental disability?  Yes  No

7. Have you had 2 or more occupational driver's licenses in the last 10 years?  Yes  No

8. Why was your Driver's License suspended? **(Check all that apply):**

- a.  I did not give a breath sample, as requested, when I was arrested for \_\_\_\_\_
- b.  This court convicted me of \_\_\_\_\_ on \_\_\_\_\_
- c.  A Texas court said I am a "habitual violator of traffic laws" on **(date):** \_\_\_\_\_
- d.  A Texas court ordered me to go to a Driver Education Program, and my license, permit, and/or driving privilege was automatically suspended for 365 days.
- e.  Other **(If you did not check any of the above, why was your license suspended? Be specific.)**

\_\_\_\_\_  
\_\_\_\_\_

9. Why do you need an Occupational Driver's License? **(Check all that apply):**

I need to drive to **work** because there is no public transportation to and from my work.

Name and address of your employer: \_\_\_\_\_

\_\_\_\_\_

Days and hours you work: \_\_\_\_\_

Job title: \_\_\_\_\_

I need to drive to **school**. **(Fill out below):**

Name and address of your school: \_\_\_\_\_

\_\_\_\_\_

Days and hours of your classes: \_\_\_\_\_

\_\_\_\_\_

What counties you are needing to drive in: \_\_\_\_\_

\_\_\_\_\_

**Other – (explain):** \_\_\_\_\_

\_\_\_\_\_

10. Driving schedule you are requesting:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.
To:	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.	____ □ a.m. ____ □ p.m.

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

\_\_\_\_\_

\_\_\_\_\_

12. I ask the Court to make an Order that allows me to get an Occupational Driver's License to drive for the purposes described above.

\_\_\_\_\_  
Petitioner's name (print)

\_\_\_\_\_  
Petitioner's signature

\_\_\_\_\_  
Date

**STATE OF TEXAS**  
**COUNTY OF TARRANT**

**SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS \_\_\_\_\_ DAY OF**

\_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_

(Print the first and last names of the person who is signing this affidavit)

Clerk of the Justice Court OR Notary's signature

Attach these documents to your Petition:

- Proof of current valid auto liability insurance
- Proof of current SR22 from your insurance company
- A copy of the Type AR driving record from DPS
- A copy of the Court Order that suspended your license (unless you checked 8e above)