IN THE CIRCUIT COURT OF FAIRFAX COUNTY, VIRGINIA APPLICATION FOR RESTRICTED DRIVER'S LICENSE

APPLICATION FOR RESTRICTED DRIVER'S LIC	CENSE Case No. CL	
PETITIONER	DRIVER'S LICENSE NUMBER	STATE
ADDRESS	DATE OF BIRTH HEIGHT	WEIGHT
CITY STATE ZIP	SEX EYE COLOR HA	R COLOR
PHONE NUMBER	DATE OF OFFENSE (IF APPLICABLE)	
ADJUDGED AS A HABITUAL OFFENDER ON:	SOCIAL SECURITY NUMBER	
ADJUDGED TO BE A HABITUAL OFFENDER BY: DIVISION OF M	MOTOR VEHICLES	name of court)
THIRD OFFENSE RESTORATIONS:		
DIVISION OF MOTOR VEHICLES REVOKED OPERATORS LICENSE (ON PURSUANT TO VIRGINIA CODE §	646.2-391(B)
NAME OF PETITIONER OR ATTORNEY REPRESENTING PETITIONER	PETITIONER OR ATTORNEY SIGNATURE	
ATTORNEY ADDRESS (IF APPLICABLE)	ATTORNEY PHONE NUMBER (IF APPLICABLE)	
My driver's license has been suspended or denied bulicense; therefore, I request that the court grant a rest from the following locations for the following purpose(tricted driver's license for travel to and	(Court use only) APPROVED
Travel to and from primary job Name and Address of Employer: Days of Week: Leave Home: Leave Work: VARIABLE SCHEDULE - WRITTEN VERIFICATION MUS	ve at Work: ve at Home:	[]YES []NO
Travel to and from secondary job Name and Address of Employer:		[]YES []NO
Days of Week: Leave Home: Leave Work: Arri	ive at Work:	
VARIABLE SCHEDULE - WRITTEN VERIFICATION MUS	ST BE CARRIED	[]YES []NO
(b) Travel to and from VASAP		[]YES []NO
Travel during work hours only as required by my e		[]YES []NO
VARIABLE SCHEDULE - WRITTEN VERIFICATION MUS	ST BE CARRIED	[]YES []NO
(d) Travel to and from school Name and Address of school: Days of Week: Leave Home: Leave School: SCHOOL SCHEDULE REQUIRED - WRITTEN VERIFICATION	ve at School: ve at Home:	[]YES []NO
SOHOOL SCHEDULE REQUIRED - WRITTEN VERIFICA	ATION MUST BE CAKKIED	[] YES [] NO

(e) Medically necessary travel for: me my elderly parent	[]YES	[] NO
a person residing in my household		
Address:		
(f) Ignition Interlock	[]YES	[] NO
(g-1) Necessary travel to transport a minor child(ren), who is/are under my care, to & from his/her/their school		NO
Name and Address of School: Days and Times:	[]	[]
(g-2) Necessary travel to transport a minor child(ren), who is/are under my care, to & from day care Name and Address of Day Care Provider: Days and Times:	[]YES	[] NO
(g-3) Necessary travel to transport a minor child(ren), who is/are under my care, to & from medical providers Name and Address of Medical Provider: Days and Times:	[]YES	[] NO
(h) Necessary travel for Court Ordered visitation with child(ren)	[]YES	[] NO
Name(s): Address of Child(ren): Days and Times of Visitation:		
(i-1) Travel to and from appointments with probation officer. Name and Address of Probation entity	[]YES	[] NO
(i-2) Travel to and from programs required by court or as a condition of probation Program Name and Address: Program Name and Address:	[]YES	[] NO
(j) Travel to and from a place of religious worship: Name and Address of place of religious worship: Day of Week: Arrive et place of religious worship:	[]YES	[] NO
Leave Home: Arrive at place of religious worship:		
WRITTEN VERIFICATION MUST BE CARRIED	[]YES	[] NO
(k) 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 a 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
(I) Travel to and from court appearances in which I am a subpoenaed witness:	[] YI	ES
(m) 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 and that I have no other pending charges against me that have not been divulged to the court. I understand that a License permits me to operate a motor vehicle only under the conditions approved by the Court. I further understa found driving outside the restrictions of the Restricted Driver's License, I may be subject to the imposition of presentences in this case and new criminal charges may be brought against me.	Restricted Dri nd that should	iver's II be
DATE DEFENDANT'S SIGNATURE		
Reviewed and Approved as indicated: This restricted operator's license is good until further order of the Court or until	DATE	<u></u> .
DATE JUDGE		

IF THE COURT GRANTS A RESTRICTED OPERATOR'S LICENSE, PLEASE BE AWARE OF THE FOLLOWING:

- The Restricted License will <u>NOT</u> be available to be picked up on the day of your hearing.
- Upon entry of the Restricted License Order by the Judge, the Clerk will contact you to schedule a date and time for you to pick up your Restricted License Order.
- IF YOUR DRIVING NEEDS AND/OR PERSONAL INFORMATION CHANGES, YOU <u>MUST</u> APPLY FOR AN AMENDED RESTRICTED LICENSE.