

PETITION FOR LIMITED DRIVING PRIVILEGES

NAME: _____ CASE NO.: _____

REQUESTING DRIVING PRIVILEGES UNDER (**CHECK ONLY ONE**):

_____ PRETRIAL/COURT SUSPENSION _____ ADMINISTRATIVE LICENSE SUSPENSION

I HEREBY ACKNOWLEDGE AND CERTIFY:

1. I would have a valid Operator's License if not for this suspension.
2. I have proof of insurance (my name must appear on policy) and proof of employment (i.e. recent pay stub).
3. I accept full responsibility to report to this Court any changes in my employment and/or insurance.
4. I will obey all laws, and I will report any new charges/convictions immediately to this Court during my suspension.
5. I further acknowledge that any limited driving privileges granted by this Court are NULL AND VOID if:
 - I have any current other Court or BMV license suspension or revocation, or one subsequently occurs;
 - I do not maintain valid insurance, according to law;
 - I have consumed any alcohol or drug of abuse;
 - I have failed to complete all portions of the Court sentence (post conviction);
 - The permit is photocopied;
 - The expiration date on my operator's license has passed, and my operator's license has expired.
6. I acknowledge that my Petition for Limited Driving Privileges will be reviewed by Judge Fankhauser within seven (7) days, and that driving privileges will not be immediately granted upon the filing of this Petition. I acknowledge that my request for limited driving privileges may be scheduled for a hearing before the Court, and that it is my responsibility to contact the Court **after seven (7) days** to see if my request for limited driving privileges has been granted or if a hearing before the Court has been scheduled.

HOME ADDRESS/CITY/ZIP: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

JOB TITLE: _____

WORK DAYS: _____

WORK HOURS: _____ (MAXIMUM OF 60 HOURS PER WEEK.)

_____ WORK HOURS AND DAYS VARY. (PETITIONER MUST CARRY PROOF OF WORK SCHEDULE.)

_____ MEDICAL APPOINTMENTS (PETITIONER MUST CARRY PROOF OF MEDICAL APPOINTMENT AND/OR SHOW PROOF OF MEDICAL NECESSITY.)

_____ NECESSITIES - SATURDAYS 12:00 P.M. TO 4:00 P.M. (TO GET GROCERIES, PRESCRIPTIONS, GAS, ETC.)

_____ SCHOOL – TO AND FROM _____.
(PETITIONER MUST CARRY CURRENT SCHOOL SCHEDULE OR PROOF OF CURRENT SCHOOL ENROLLMENT.)

OTHER: _____ TO AND FROM AA MEETINGS _____ TO AND FROM D.I.P SCHOOL _____ TO AND FROM COURT
_____ TO PERFORM COMMUNITY WORK SERVICE/PROBATION
_____ TO AND FROM COUNSELING/PROBATION
_____ CHILDREN VISITATIONS AND/OR CHILDREN’S ORGANIZED SCHOOL/SPORT/CHURCH ACTIVITIES
_____ OTHER (MUST BE SPECIFIC): _____
_____.

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AS OF THIS DATE, AND I UNDERSTAND THE CONDITIONS AS ACKNOWLEDGED ABOVE:

SIGNATURE OF DEFENDANT/PETITIONER

DATE

DEFENDANT/PETITIONER’S PHONE NUMBER

DEFENDANT/PETITIONER’S EMAIL