

KELVIN MILES
JUSTICE COURT, PRECINCT ONE

Courthouse N.E. Annex
Waymon Wright Bldg.
1020 E. Hwy 199
Springtown, TX 76082



(817) 220-5857
(682) 229-2106
(817) 220-2000 fax
jp1@parkercountytx.com

OCCUPATIONAL DRIVER'S LICENSE PETITIONER CHECKLIST

1. Does Petitioner have an out-of-state DL? ODL may not be valid in other states
2. Does petitioner live in Precinct 1 or did the offense that caused the suspension take place in Precinct 1?
3. ALR Suspension? Petitioner should follow the ALR hearing process prior to filing for ODL.
4. Suspension for Medical Reasons or Child Support? NOT ELIGIBLE for ODL
5. DWI Conviction? Petitioner must go to court of jurisdiction
6. CDL Holders: the ODL is ONLY valid for non-commercial vehicles
7. Is Petitioner's DL suspended or can it not be renewed due to an Omni hold? Not eligible for ODL if DL is expired and unable to renew DL because of an Omni hold.

PETITIONER MUST PROVIDE AT TIME OF FILING:

- Completely filled out petition – Do NOT sign unless before a Notary or Court Clerk
- \$54.00 filing fee
- Proof of SR-22 (regular insurance card not acceptable)
- Abstract copy of driver record (www.dps.texas.gov)
- Any documentation from DPS regarding Petitioner's DL
- Area's of route of travel – include all counties/states

CAUSE NO. _____

§
§
§
§
§
§

IN THE JUSTICE COURT

PRECINCT ONE

PETITIONER

PARKER COUNTY, TEXAS

PETITION FOR OCCUPATIONAL LICENSE

I, _____, seek an occupational driver's license from this court based on the information provided below. *(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.)*

Section One – General Information.

My name is: _____.

My date of birth is: _____.

I am a resident of _____ County, Texas.

My home address is:

_____.

My mailing address *(if different than above)* is:

_____.

My Texas driver's license number is: _____.

- I am employed or looking for work, and my occupation is _____.
- I am a student at _____.
- I am the primary caretaker of _____ dependents who cannot drive.
- I have been ordered by a magistrate or other court order to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.
- I have not been ordered by a magistrate or other court order to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

Section Two – Reason(s) for Driver’s License Suspension.

- My driver’s license has been suspended as the result of an arrest for an intoxication-related offense in _____ County, because:
 - A peace officer requested a sample of my breath or blood, and I refused; or
 - I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.
- My driver’s license has been automatically suspended as the result of a conviction for Driving While Intoxicated (DWI) in a county or district court.
- My driver’s license has been suspended as the result of a conviction for a criminal offense in a justice or municipal court. *(Please provide information regarding this offense, including the name of the court in which you were convicted, the cause number, and the type of offense, below.)*

- My driver’s license has been suspended as the result of a physical or mental disability.
- My driver’s license has been revoked for failure to pay child support.
- My driver’s license has been suspended as the result of a conviction for Racing on a Highway.
- My driver’s license has been suspended because a court found that I am a “habitual violator of traffic laws.”
- My driver’s license has been suspended for another reason, described below:

Section Three – Essential Need.

(Note: To obtain an occupational license, you must demonstrate an essential need to operate a motor vehicle. The Texas Transportation Code defines “essential need” as the “need of a person for the operation of a motor vehicle: in the performance of an occupation or trade or for transportation to and from the place at which the person practices the person's occupation or trade; for transportation to and from an educational facility in which the person is enrolled; or in the performance of essential household duties.” To demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section Five of this petition.)

I am seeking this occupational license to *(check all that apply)*:

- Travel to and from my place of work;
- Perform the duties of my job;
- Travel to and from school; or
- Perform essential household duties.

I am not seeking an occupational license to drive a commercial motor vehicle.

The following are addresses and descriptions of all destinations where I am requesting to travel with my occupational license:

To reach the destinations described above, I must travel to or through the following Texas counties *(please fully describe all counties and routes traveled)*:

Below, I have fully described all public transportation options within one mile of any destination described above, including my home, place of work, school, or place where I perform essential household duties. *(Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.)*

I am the only member of my household who owns, leases, or has access to a motor vehicle.

- A member of my household other than me owns, leases, or has access to a motor vehicle.
(Please describe this person's weekly schedule below.)

- I own a bicycle or other means of non-motorized conveyance, described below.

- My work or school schedule is the same every week: I work or attend school during the following hours on the following days of the week *(check all that apply)*:

- Monday: _____
 Tuesday: _____
 Wednesday: _____
 Thursday: _____
 Friday: _____
 Saturday: _____
 Sunday: _____

- My work or school schedule varies from week to week. *(If you check this box, provide a general description of your work or school schedule below, including the total number of hours you work or attend school each week, days of the week on which you never work or attend school, days of the week on which you always work or attend school, and the earliest time your work or school day begins and the latest time your work or school day ends.)*

- My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

- I perform the following essential household duties:

- To perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week (*check all that apply*):

- Monday: _____
 Tuesday: _____
 Wednesday: _____
 Thursday: _____
 Friday: _____
 Saturday: _____
 Sunday: _____

Section Four – Suspension History

In the past five years, my license has been suspended for:

- A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
- An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle or watercraft while intoxicated.
- A conviction for Driving While Intoxicated (Penal Code § 49.04); Driving While Intoxicated with Child Passenger (Penal Code § 49.045); Flying While Intoxicated (Penal Code § 49.05); Boating While Intoxicated (Penal Code § 49.06); Assembling or Operating an Amusement Ride While Intoxicated (Penal Code § 49.065); Intoxication Assault (Penal Code § 49.07); or Intoxication Manslaughter (Penal Code § 49.08).

Section Five – Additional Documents.

- I have obtained evidence of financial responsibility (*automobile liability insurance*), which is attached to my petition. (*Note: You may not be issued an occupational license unless you obtain evidence of financial responsibility.*)
- I have attached a Type AR certified abstract of my driving record to this petition. (*Note: the court cannot grant your petition without reviewing your driving record.*)
- I have attached documents demonstrating my essential need to operate a motor vehicle.
- I have attached other documents, which are described below:

_____.

Petitioner requests that the court grant this Petition for Occupational License, and send a certified copy of this Petition, along with its order granting petitioner’s occupational license, to the Texas Department of Public Safety.

Petitioner’s Signature

SWORN TO AND SUBSCRIBED before me on _____, 20_____.

CLERK OF THE JUSTICE COURT OR NOTARY

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD



MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

- 1. Name – DOB – License Status – Latest Address. \$ 4.00
- 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations. \$ 6.00
- 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC). \$ 10.00
- 3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.** \$ 7.00
- 3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.** \$ 10.00
- 4. Abstract Record – Certified abstract of completed driver record. \$ 20.00
- Other: (Original Application, DWLI, etc.) _____ \$ | | 1.00
(If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____

Your Title or Affiliation with above _____

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

Information Requested On:

Texas Driver License Number _____ Date of Birth MM/DD/YYYY Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____

Signature of License/ID Card Holder or Parent/Legal Guardian _____

Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____

Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. (Valid for Certified Abstract) For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. (Valid for Certified Abstract) For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. (Valid for Certified Abstract) For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.
Please state specific statutory authority _____
- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z