

OCCUPATIONAL DRIVER'S LICENSE

PAPERWORK NEEDED FOR THE COURT

PETITION must be Notarized

AFFIDAVIT must be Notarized

ORDER **MUST BE TYPED**

INSURANCE A Copy of Your Current **INSURANCE** Card and the **SR-22** Form

FILING FEE - **\$239.00** File with the County Court at Law Clerks **Room B-90**

AFTER FILING DOCUMENTS WITH THE COURT CLERKS.

Go To The Family Law Center 200 E. Weatherford

3rd Floor Room 3040 For them to run your **driving history** that comes from Austin, Texas

Leave a copy of the petition with the D. A. 's Office

The Court will contact you to pick up the (2) **CERTIFIED COPIES OF THE ORDER** \$12.00

What to send to D. P. S. Austin, Texas

a. One of the Certified copy of the ORDER

b. A copy of your insurance and the RS-22

c. Any fees required by D. P. S.

Send money via MONEY ORDER

Send all Documents **CERTIFIED MAIL**

ADDRESS TO D.P.S.

D.P.S. Driver Improvement and Compliance Division

P. O. Box 15999

Austin, Texas 78761-5999

PHONE NO. 512-424-2600 call to get the State charges.....

Internet - **Driver. Improvement @dps.texas.gov** - will give more information

Keep All Copies and Paperwork in a 3 ring binder in the car you drive in case you need it for any reason

PRAYER

Petitioner respectfully prays that the Court enter an order that Petitioner be issued an occupational license by the Department of Public Safety upon such terms and conditions as may be prescribed by this court. Petitioner further prays for all relief either at law or in equity to which he may show himself to be justly entered

Respectfully submitted

Petitioner's Signature

Printed Name

Address

Phone Number

Affiant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME on _____, to certify which
witness my hand and seal of office

NOTARY Public, State of Texas

CAUSE NO. _____

STATE OF TEXAS

§

COUNTY COURT

vs

§

AT LAW NO. _____

§

TARRANT COUNTY TEXAS

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally approved _____ who after being duly sworn stated:

“My name is _____. I am over / under (circle one) the age of eighteen, I am of sound mind, and I have personal knowledge of the facts hereinafter stated, and said facts are true and correct.

“I am a resident of _____ County, Texas. My Texas driver’s license number is _____. My phone number is _____. My date of birth is _____. My Texas driver’s license was suspended on _____, and will be reinstated on _____ for an alleged offense which occurred in _____ County, Texas. The suspension was for a cause other than physical or mental disability or impairment. As of the date of this Affidavit, I have not been convicted of any offense under Section 49.04 of the Texas Penal Code arising out of the incident causing the current suspension of my driver’s license.

“I have an essential need to operate and drive a motor vehicle to perform my occupation or trade, for transportation to and from where I practice my occupation or trade at _____ and _____
address city state zip
for transportation to and from locations related to my personal and household essential needs. All such transportation will occur only on Sunday to Saturday from

_____ Times

Tarrant, Dallas and contiguous counties _____ additional counties

“During the course and scope of my use of an occupational driver’s license, I have an essential need to operate and drive my motor vehicle for a period of twelve hours during any twenty-four hour period, and therefore, I have an essential need to have the four(4) hour restriction waived.

“I have had no DWI convictions in the past and therefore, there is not an ignition interlock device on my motor vehicle as a condition of bond.

“I have a valid policy of liability insurance as required by the Texas Motor Vehicle Safety-Responsibility Act and can show the Court proof of a valid and current motor vehicle liability insurance policy.

“If an occupational license is granted to me, I agree to comply with all of the conditions placed on the license.

_____ name
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME on _____, to certify
which witness my hand and seal of office. date

Notary Public, State of Texas

CAUSE NO. _____

STATE OF TEXAS § IN COUNTY COURT AT

VS § LAW NO. _____

_____ § TARRANT COUNTY, TEXAS

ORDER GRANTING OCCUPATIONAL DRIVER'S LICENSE

On this ____ day of _____, 20____, came to be heard the petition for an Occupational Driver's License, The Court finds that the Petitioner, _____ Date of Birth _____ and the Texas I. D. License, _____, has an essential need to operate a motor vehicle. **IT IS THEREFORE ORDERED** that the Texas Department of Public Safety issue Petitioner an occupational driver's license. **This Order Granting Occupational Driver's License is effective throughout the duration of the suspension or until _____, Whichever is earlier, subject to the following restrictions:**

1. Petitioner may drive to/from petitioner's place of employment and in the performance of petitioner's occupation or trade.
2. Petitioner may drive in the performance of essential household and medical duties and for such family related purposes.
3. Petitioner may drive to/from the educational facility in which petitioner may be enrolled and for such related purposes.
4. Petitioner may drive to/from court ordered activities, including petitioner's attorney's office
5. Petitioner may drive to/from place of worship
6. Petitioner may only drive in the following Texas Counties; TARRANT, DALLAS AND CONTIGUOUS COUNTIES. Petitioner is restricted to driving for no more than twelve hours per day, Sunday through Saturday. Because of necessity shown, the Court waives the four-hour driving restriction
7. Petitioner must keep in any car driven a logbook to record the times and purposes for driving. Petitioner must show the logbook to any law enforcement officer upon demand-
8. Petitioner shall not carry in any vehicle driven a radar or laser detection device
9. Petitioner shall not refuse any lawful request for a sample of Petitioners breath, blood, or urine in the event that Petitioner is stopped for investigation of DWI
10. Petitioner shall not consume any alcoholic beverage for at least four hours before or during any period of time Petitioner is permitted to drive
11. Petitioner shall not **convicted** / **receive** of any moving traffic violations
12. Petitioner must maintain valid automobile liability insurance as required by state law.
13. Petitioner shall not operate any vehicle not equipped with an ignition interlock device; **N/A** circle
14. Petitioner shall attend alcohol counseling (AA or equivalent) not less than _____ times per **month** beginning _____ and shall provide proof of such attendance to the Court not later than the Monday/first day of the month following such attendance.
15. A certified copy of this Order and proof of insurance shall serve as Petitioner's occupational driver's license subject to the above restrictions until Petitioner receives an occupational driver's license from the Texas Department of Public Safety at which time such license, this order, proof of insurance and the Petitioner's logbook shall serve as Petitioner's license.

UPON THE GRANTING OF THIS ORDER, PETITIONER'S APPEAL AND STAY OF SUSPENSION SHALL BE RESCINDED BY THE TEXAS DEPARTMENT OF PUBLIC SAFETY

SIGNED ON

JUDGE PRESIDING

CIVIL CASE INFORMATION SHEET (REV. 2/13)

CAUSE NUMBER (FOR CLERK USE ONLY): _____ COURT (FOR CLERK USE ONLY): _____

STYLED _____ (e.g., John Smith v. All American Insurance Co. In re Mary Ann Jones; in the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:		Names of parties in case:	
Name: _____	Email: _____	Plaintiff(s)/Petitioner(s): _____	Person or entity completing sheet is: <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address: _____	Telephone: _____	Defendant(s)/Respondent(s): _____	Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
City/State/Zip: _____	Fax: _____	Signature: _____ State Bar No: _____	
[Attach additional page as necessary to list all parties]			

2. Indicate case type, or identify the most important issue in the case (select only 1):

Civil			Family Law		
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)	
Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order Parent/Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	
Employment		Other Civil			
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____		<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____			

Tax	Probate & Mental Health	
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	

3. Indicate procedure or remedy, if applicable (may select more than 1):

<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
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4. Indicate damages sought (do not select if it is a family law case):

Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees
 Less than \$100,000 and non-monetary relief
 Over \$100,000 but not more than \$200,000
 Over \$200,000 but not more than \$1,000,000
 Over \$1,000,000

