

Ex Parte Print Your Name Below (First, Middle, Last)

§  
§  
§

IN THE JUSTICE COURT  
PRECINCT 1, PLACE 2  
DALLAS COUNTY, TEXAS

**Occupational Driver's License Order**

**The Court fills out this box: Appearances and Finding**

Today, the Petitioner named below appeared in person; The Court heard the Petitioner's case and makes these findings:

- The Petitioner does NOT have an essential need to drive, and the Court denies the Petitioner's Petition for Occupational Driver's License
- The Petitioner has an essential need to drive and the Court makes the orders ed below

Petitioner Fills Out This Section Only

**Petitioner's Personal Information Name:** \_\_\_\_\_  
 First Middle Last  
 Home address: \_\_\_\_\_  
 Street Address City Texas County Zip  
 Phone number: (\_\_\_\_) \_\_\_\_\_  
 Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ ; Driver's license No.: \_\_\_\_\_ License issued by: \_\_\_\_\_ State  
 Name/address of Petitioner's employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**Suspension of Driver's License:** Petitioner's Driver's License was suspended because ( all that apply):  
 The Petitioner did not give a breath sample, as requested, when arrested for \_\_\_\_\_  
 This Court convicted the Petitioner of a Traffic Violation for \_\_\_\_\_ on Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20\_\_\_\_  
 A Texas Court ruled the Petitioner was a habitual violator of traffic laws on (date): Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20\_\_\_\_  
 A Texas court ordered Petitioner to go to a Driver Education Program, and Petitioner's license, permit, and or driving privilege was automatically suspended for 365 days.  
 Other (specify): \_\_\_\_\_

**Attachments:** The Petitioner attached the following documents to his/her Petition ( all that apply):  A certified copy of the Petitioner/s driver's license record  
 Proof of current valid auto liability insurance  A copy of the Court Order that suspended the Petitioner's license  A letter from the Petitioner's employer or immediate supervisor on the employer's letterhead  A letter from the Petitioner's school or doctor on official letterhead (or an affidavit) that explains the Petitioner's need to drive

**WARNING! This Court may revoke this Order, at any time, for good cause. This Order is automatically revoked if Petitioner violates any condition of this Order. It is a Class B Misdemeanor for the Petitioner to violate any Order ed below, including driving without a certified copy of this Order.**

**THE COURT FILLS OUT THE REST OF THIS FORM.**

**ORDER--**Court grants the Petitioner this Occupational Driver's License, and orders the Petitioner to obey all orders ed below:  
 The Petitioner **MUST** ( all that apply)  Maintain valid auto liability insurance for the entire period the Occupational Driver's License is in effect;  Carry a certified copy of this Order or an Occupational Driver's License while driving. (The Department of Motor Vehicles will mail the Occupational Driver's License within 31 days of the date of this Order.  
 Restrict driving to no more than \_\_\_\_\_ hours per day, and only on the days, times, and in the counties listed below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>FROM:</b>	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.
<b>TO:</b>	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.

**COUNTIES** where the Petitioner may drive: \_\_\_\_\_  
 Record dates, time, mileage, destinations, and reasons for travel in a travel log.  Carry and update the travel log every time he/she drives, and show the log to any peace officer who asks to see it.  Restrict driving to travel to and from work or school and essential duties, including medical appointments, court, attorney's office, probation office, and any supervision, education or counseling required by this Order.  Comply with all probation and community supervision terms in case number: \_\_\_\_\_  
 Within \_\_\_\_\_ days of this order, attend the alcohol / drug counseling program below listed and give the court clerk proof of attendance within that time period.

**PROGRAM** \_\_\_\_\_  Do NOT drive any vehicle unless it has an ignition interlock device, as required by law.  Do NOT drive a commercial vehicle.

**Other Orders:** The Petitioner **must:**  all that apply;  Submit to a breath or blood analysis if arrested for Driving While Intoxicated and a peace officer asks him/her to do so.  
 Do NOT appeal the administrative License Revocation Suspension.  Attend an approved defensive driving course, and give the court clerk proof of attendance within \_\_\_\_\_ days of this Order.  Notify this Court, in writing, within 10 days, if he/she receives a citation (ticket) for any driving violation  
 Additional Orders: \_\_\_\_\_

**Effect of Order: This order is effective beginning ( one):**

- Today  91 days after the date the license was suspended.  181 days after the date the license was suspended  365 days after the date the license was suspended

\_\_\_\_\_  
Judge Valencia Nash

\_\_\_\_\_  
Date